

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 679297

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FLORIDA CLAIM SERVICE, INC.

**Current Principal Place of Business:**

1280 N CONGRESS AVE  
SUITE 107  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

1280 N. CONGRESS AVE  
SUITE107  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 59-2034741      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCALA, FRANK O JR  
894 PATRICK DR.  
W PALM BCH, FL 33406 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCALA, FRANK O JR  
Address: 894 PATRICK DR.  
City-St-Zip: W.P.B., FL 33406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK ORIJENDO SCALA JR. \_\_\_\_\_

P

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date