

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49851

FILED
Apr 17, 2012
Secretary of State

Entity Name: INSURAMERICA OF FLORIDA, INC.

Current Principal Place of Business:

4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2130271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, BOBBY L
4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216 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: WALTON, BOBBY L
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: GARCEAU, KAREN
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: LACY, LISA
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: WILLIAMS, WALTER JR
Address: 4348 SOUTHPOINT BLVD, STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: WALTON, PEGGY
Address: 4348 SOUTHPOINT BLVD, STE 200
City-St-Zip: JACKSONVILLE, FL 32216

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: LISA LACY

Electronic Signature of Signing Officer or Director

S

04/17/2012

Date