

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000109619

**Entity Name:** INSURANCE MANAGEMENT OF TAMPA BAY, INC.

**Current Principal Place of Business:**

2234 KINGFISHER LANE  
CLEARWATER, FL 33762

**Current Mailing Address:**

2234 KINGFISHER LANE  
CLEARWATER, FL 33762

**FEI Number:** 75-3132895

**Certificate of Status Desired:** No

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

BLUM, L. SCOTT  
2234 KINGFISHER LANE  
CLEARWATER, FL 33762 US

*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

**Officer/Director Detail :**

Title            D  
Name            BLUM, L. SCOTT  
Address        2234 KINGFISHER LANE  
City-State-Zip: CLEARWATER FL 33762

*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:** L. SCOTT BLUM

**PRESIDENT**

**03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date