

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000003398

**Entity Name:** FLORIDA INSURANCE CLAIM ATTORNEY ADVOCATES, P.A.

**Current Principal Place of Business:**

90 ALMERIA AVENUE  
SUITE 202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

90 ALMERIA AVENUE  
SUITE 202  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1754975

**Certificate of Status Desired:** No

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

DIAMOND, H. JOSHUA  
90 ALMERIA AVENUE  
SUITE 202  
CORAL GABLES, FL 33134 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 P  
Name DIAMOND, H. JOSHUA  
Address 6830 SW 49 ST  
City-State-Zip: MIAMI FL 33155

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:** H. JOSHUA DIAMOND

**PRESIDENT**

**01/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date