

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000031916

**Entity Name:** INJURY CLAIMS MANAGEMENT, INC

**Current Principal Place of Business:**

134 NW 16TH STREET  
SUITE 2  
BOCA RATON, FL 33432

**Current Mailing Address:**

PO BOX 1088  
BOCA RATON, FL 33429 US

**FEI Number:** 83-4330939

**Certificate of Status Desired:** No

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

POCES, MICHELE  
134 NW 16TH STREET  
SUITE 2  
BOCA RATON, FL 33432 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 VP  
Name POCES, MICHELE  
Address 134 NW 16TH STREET  
SUITE 2  
City-State-Zip: BOCA RATON FL 33432

Title P  
Name POCES, MICHELE  
Address 134 NW 16TH ST., SUITE 2  
City-State-Zip: BOCA RATON FL 33432

*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:** MICHELE POCES

**PRES.**

**05/11/2020**

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

\_\_\_\_\_  
Date