2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2024
Secretary of State
2525966146CC

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Entity Name: INJURY CLAIMS MANAGEMENT, INC

Current Principal Place of Business:

1388 NW BOCA RATON BLVD.
SUITE 1
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
1388 NORTHWEST BOCA RATON BOULEVARD
SUITE 1
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	Title	P
Name	POCES, MICHELE	Name	POCES, MICHELE
Address	1388 NORTHWEST BOCA RATON BOULEVARD SUITE 1	Address	1388 NORTHWEST BOCA RATON BOULEVARD SUITE 1
City-State-Zip:	BOCA RATON FL 33432	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 PRESIDENT 02/07/2024

Electronic Signature of Signing Officer/Director Detail — Date