

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000067849

**Entity Name:** INSURANCE MANAGEMENT CORPORATION

**Current Principal Place of Business:**

2727 ELEANOR WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

2727 ELEANOR WAY  
WELLINGTON, FL 33414 US

**FEI Number: 65-0774624**

**Certificate of Status Desired: Yes**

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

GRUDIN, MITCHELL J  
2727 ELEANOR WAY  
WELLINGTON, FL 33414 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	Title	VP
Name	GRUDIN, MITCHELL J	Name	GRUDIN, ANNETTE
Address	2727 ELEANOR WAY	Address	2727 ELEANOR WAY
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

*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: MITCHELL J GRUDIN**

**PRESIDENT**

**04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date