

**2024 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:**

CAMILLERI, RAYVEN  
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 SD  
Name GRUDIN, MITCHELL  
Address 2727 ELEANOR WAY  
City-State-Zip: WELLINGTON FL 33414

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

Title PT  
Name CAMILLERI, RAYVEN  
Address 2727 ELEANOR WAY  
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:** RAYVEN CAMILLERI

PRESIDENT

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date