

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S52125

**Entity Name:** ALLCLAIMS RECOVERY CENTER, INC.

**Current Principal Place of Business:**

2622 NE 6TH ST  
POMPANO BCH, FL 33062

**Current Mailing Address:**

2622 NE 6TH ST  
POMPANO BCH, FL 33062 US

**FEI Number:** 65-0260767

**Certificate of Status Desired:** No

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

MOOREHEAD, ROBERT A PRESIDE  
2622 NE 6TH ST  
POMPANO BEACH, FL 33062 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:** ROBERT A. MOOREHEAD

07/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MOOREHEAD, ROBERT A  
Address 2622 NE 6TH ST  
City-State-Zip: POMPANO BCH FL 33062

*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:** ROBERT A MOOREHEAD

PRESIDENT

07/15/2016

Electronic Signature of Signing Officer/Director Detail

Date