

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000448

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** CONDON CLAIMS MANAGEMENT, INC.

**Current Principal Place of Business:**

634 VILLAGE LANE NORTH  
SUITE 200  
MANDEVILLE, LA 70471

**New Principal Place of Business:**

**Current Mailing Address:**

634 VILLAGE LANE NORTH  
SUITE 200  
MANDEVILLE, LA 70471

**New Mailing Address:**

**FEI Number:** 37-1451920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLIKEN, WILLIAM B ESQ.  
5915 PONCE DE LEON BLVD.  
SUITE 63  
MIAMI, FL 33146 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CONDON, STEPHEN  
Address: 634 VILLAGE LANE NORTH #200  
City-St-Zip: MANDEVILLE, LA 70471

Title: D  
Name: OSMAN, LEV  
Address: 634 VILLAGE LANE NORTH #200  
City-St-Zip: MANDEVILLE, LA 70471

Title: D  
Name: RANTZ, EDWARD J JR.  
Address: 1100 POYDRAS STREET #3600  
City-St-Zip: NEW ORLEANS, LA 70163

Title: D  
Name: SONNIER, SHIRLESA  
Address: 634 VILLAGE LANE NORTH, SUITE 200  
City-St-Zip: MANDEVILLE, LA 70471

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: S. CONDON

CEO

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date