

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000005075

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** CLAIM MANAGEMENT CONSULTANTS INC.

**Current Principal Place of Business:**

1211 OCEAN DUNES CIR  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PGA  
3000 MARCUS AVE #3E6  
LAKE SUCCESS, NY 11042

**New Mailing Address:**

**FEI Number:** 20-5804407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEIN, JOHN  
1211 OCEAN DUNES CIR  
JUPITER, FL 33477 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:** P  
**Name:** HEIN, JOHN  
**Address:** 1211 OCEAN DUNES CIR  
**City-St-Zip:** JUPITER, FL 33477

**Title:** S  
**Name:** HEIN, DENISE  
**Address:** 1211 OCEAN DUNES CIR  
**City-St-Zip:** JUPITER, FL 33477

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:** JOHN HEIN

PRES

01/04/2012

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

\_\_\_\_\_  
Date