2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018502

Entity Name: FOCUS CLAIM MANAGERS, LLC

FILED Apr 09, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1300 SAWGRASS CORPORATE PARKWAY 1300 SAWGRASS CORPORATE PARKWAY

SUITE 300 SUITE 300

SUNRISE, FL 333232804 US SUNRISE, FL 33323 US

Current Mailing Address: New Mailing Address:

1300 SAWGRASS CORPORATE PARKWAY 1300 SAWGRASS CORPORATE PARKWAY

SUITE 300 SUITE 300

SUNRISE, FL 333232804 US SUNRISE, FL 33323 US

FEI Number: 26-4339321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GALLOWAY, AMY J ESQ. TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: BULLINGTON, DOUGLAS W

Address: 1300 SAWGRASS CORP PKWY #300

City-St-Zip: SUNRISE, FL 33323 US

Title: MGR

Name: TROMER, KEVIN M

Address: 1300 SAWGRASS CORP PKWY #300

City-St-Zip: SUNRISE, FL 33323 US

Title: S

Name: GARCELL, CARIDAD

Address: 1300 SAWGRASS CORP PKWY #300

City-St-Zip: SUNRISE, FL 33323 US

Title: SVPT

Name: BLAKE, JAMES

Address: 1300 SAWGRASS CORP PKWY #300

City-St-Zip: SUNRISE, FL 33323 US

Title: VF

Name: WHITLOCK, SKIP

Address: 1300 SAWGRASS CORP PKWY #300

City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: CARIDAD GARCELL S 04/09/2010