

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000018502

FILED
Jan 05, 2011
Secretary of State

Entity Name: FOCUS CLAIM MANAGERS, LLC

Current Principal Place of Business:

1300 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

1300 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 26-4339321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GALLOWAY, AMY J ESQ.
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:

01/05/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRC
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: TCFO
Name: BLAKE, JAMES W JR
Address: 1300 SAWGRASS CORP PKWY #300
City-St-Zip: SUNRISE, FL 33323 US

Title: VP
Name: WHITLOCK, ORION P
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 Statutes.

SIGNATURE: RONALD TERZER

VP

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date