

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000051198

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL MEDICAL CLAIM SERVICE, LLC

**Current Principal Place of Business:**

1839 LEAMINGTON LANE  
NAPLES, FL 34109 US

**New Principal Place of Business:**

1975 ESSEX CIRCLE  
NAPLES, FL 34109 US

**Current Mailing Address:**

1839 LEAMINGTON LANE  
NAPLES, FL 34109 US

**New Mailing Address:**

1975 ESSEX CIRCLE  
NAPLES, FL 34109 US

**FEI Number:** 27-4484910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARTLEY LAW OFFICES, PLC  
800 SOUTHEAST THIRD AVENUE  
FOURTH FLOOR  
FT. LAUDERDALE, FL 33316 US

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

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 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: JOHN PAULICH

04/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELISI, STEVEN T  
Address: P.O.BOX 111000  
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM  
Name: DELISI, MARY V  
Address: P.O.BOX 111000  
City-St-Zip: NAPLES, FL 34108 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: STEVEN DELISI

MGRM

04/09/2012

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