

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16988

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JOHN R. BUCHHOLZ  
1320 S DIXIE HIGHWAY SUITE 1180  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1320 S DIXIE HIGHWAY  
SUITE 1180  
CORAL GABLES, FL 33146

**New Mailing Address:**

C/O JOHN R. BUCHHOLZ  
1320 S DIXIE HIGHWAY SUITE 1180  
CORAL GABLES, FL 33146

**FEI Number:** 59-2646500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUCHHOLZ, JOHN R  
1320 S DIXIE HIGHWAY  
SUITE 1180  
CORAL GABLES, 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: PARADISE, THOMAS  
Address: 10870 KING BAY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VPD  
Name: WORTHINGTON, THOMAS  
Address: 6326 NW 79TH WAY  
City-St-Zip: PARKLAND, FL 33067

Title: TD  
Name: STATON, PHYLLIS  
Address: 2103 RENAISSANCE BLVD. #1-303  
City-St-Zip: MIRAMAR, FL 33025

Title: SD  
Name: FORMENTO, JORENEE  
Address: 2040 NW 82ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JORENEE FORMENTO

SD

02/07/2012

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

\_\_\_\_\_  
Date