

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003435

1. Entity Name

TOTAL CLAIMS ADMINISTRATION, INC.



Principal Place of Business

1608 SE 3RD AVE
SUITE 501
FORT LAUDERDALE, FL 33316

Mailing Address

P O BOX 21128
FT LAUDERDALE, FL 33335-128 US



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0431529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHERER, WILLIAM R
CONRAD & SCHERER
633 S FEDERAL HWY 8TH FL
FT LAUDERDALE, FL 33301

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOTT, JOSEPH
STREET ADDRESS	303 SE 17TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	SD
NAME	MANCINI, DOROTHY
STREET ADDRESS	303 SE 17TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	TD
NAME	GRANT, PAULINE
STREET ADDRESS	303 SE 17ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000184021
01/20/05-80013-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #