

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90039 040 \*\*\*\*70.00

**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**

**40044835**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032008 Chg-NP CR2E037 (12/06)

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

**SEIDMAN, LAURA R  
303 S.E. 17TH STREET  
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JOSEPH	
STREET ADDRESS	303 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, DOROTHY	
STREET ADDRESS	303 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANT, PAULINE	
STREET ADDRESS	303 SE 17ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, PAULINE	
STREET ADDRESS	303 SE 17th ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL ##33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, ARTHUR	
STREET ADDRESS	303 SE 17th STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, SPENCER	
STREET ADDRESS	303 SE 17th STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Pauline Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/5/08*

Date

Daytime Phone #