

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003435

FILED
Jan 06, 2010
Secretary of State

Entity Name: TOTAL CLAIMS ADMINISTRATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 21128
FT LAUDERDALE, FL 33335128 US

New Mailing Address:

FEI Number: 65-0431529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, KIMBERLY
303 S.E. 17TH STREET
FORT LAUDERDALE, FL 33316 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: GRANT, PAULINE
Address: 303 SE 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: STD
Name: WALLACE, ARTHUR
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D
Name: NEWTON, SUSAN
Address: 303 SE 17ST
City-St-Zip: FORT LAUDERDALE, FL 33316

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: RICK ACKERMAN

DIR

01/06/2010

Electronic Signature of Signing Officer or Director

Date