

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116595

FILED
Jan 05, 2011
Secretary of State

Entity Name: INTEGRATED CLAIM SOLUTIONS, INC.

Current Principal Place of Business:

668 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

668 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3687526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASSA, GERALD
668 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 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: PTD
Name: CUBBEDGE, ROSEMARY
Address: 668 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD
Name: MASSA, GERALD
Address: 668 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D
Name: FITZGERALD, PATRICIA S
Address: 668 MAITLAND AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

SIGNATURE: ROSEMARY CUBBEDGE

PTD

01/05/2011

Electronic Signature of Signing Officer or Director

Date