

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004269

FILED  
May 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

7516 JEWEL AVENUE  
NORTH BAY VILLAGE, FL 33141

**New Principal Place of Business:**

149 PALERMO DRIVE  
ISLAMORADA, FL 33036

**Current Mailing Address:**

7516 JEWEL AVENUE  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

149 PALERMO DRIVE  
ISLAMORADA, FL 33036

**FEI Number:** 13-4229211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ONSTAD, DAVID S MR  
7516 JEWEL AVENUE  
NORTH BAY VILLAGE, FL 33141 US

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

ONSTAD, DAVID S MR  
149 PALERMO DRIVE  
ISLAMORADA, FL 33036 US

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:

05/04/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ONSTAD, DAVID S MR  
Address: 149 PALERMO DRIVE  
City-St-Zip: ISLAMORADA, FL 33036 US

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: DAVID S. ONSTAD

PRES

05/04/2010

Electronic Signature of Signing Officer or Director

Date