

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059763

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: PROFESSIONAL CLAIM HANDLERS ASSOCIATION, INC.

## Current Principal Place of Business:

4699 NORTH FEDERAL HWY  
POMPANO BCH, FL 33064

## New Principal Place of Business:

2371 SW 15TH AVENUE  
FORT LAUDERDALE, FL 33315

## Current Mailing Address:

4699 NORTH FEDERAL HWY  
POMPANO BCH, FL 33064

## New Mailing Address:

2371 SW 15TH AVENUE  
FORT LAUDERDALE, FL 33315

FEI Number: 68-0628097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERCER, SCOTT  
4699 NORTH FEDERAL HWY  
POMPANO BCH, FL 33064 US

## Name and Address of New Registered Agent:

MERCER, SCOTT  
2371 SW 15TH AVENUE  
FORT LAUDERDALE, FL 33315 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: SCOTT MERCER

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCHUGH, DAVID A  
Address: 1912 C PALM LAND DRIVE  
City-St-Zip: BOYNTON BCH, FL 33434

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCHUGH, DAVID A  
Address: 1912 C PALM LAND DRIVE  
City-St-Zip: BOYNTON BCH, FL 33434

Title: T ( ) Change (X) Addition  
Name: MERCER, SCOTT  
Address: 1003 COCONUT DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S ( ) Change (X) Addition  
Name: MERCER, JOHN  
Address: 1003 COCONUT DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT MERCER

T

01/11/2007

Electronic Signature of Signing Officer or Director

Date