

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018623

FILED
Apr 26, 2011
Secretary of State

Entity Name: INSURANCE CARE DIRECT, INC.

Current Principal Place of Business:

1239 EAST NEWPORT CENTER DR
SUITE 101
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1239 EAST NEWPORT CENTER DR
SUITE 101
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-8419460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ARNOLD
1239 EAST NEWPORT CENTER DR
SUITE 101
DEERFIELD BEACH, FL 33442 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: P
Name: COHEN, ARNOLD
Address: 1239 EAST NEWPORT CENTER DR #101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP T
Name: COHEN, BRADLEY
Address: 1239 EAST NEWPORT CENTER DR #101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP S
Name: COHEN, SETH
Address: 1239 EAST NEWPORT CENTER DR #101
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ARNOLD COHEN

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date