

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000087057

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** DAVIS CLAIM MANAGEMENT, INC.

**Current Principal Place of Business:**

670 WEST 56 STREET  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

670 WEST 56 STREET  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 26-0661237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, ROBERT M  
670 WEST 56 STREET  
HIALEAH, FL 33012 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:** PT  
**Name:** DAVIS, ROBERT M  
**Address:** 670 WEST 56 STREET  
**City-St-Zip:** HIALEAH, FL 33012 US

**Title:** SVP  
**Name:** DAVIS, LISA C  
**Address:** 670 WEST 56 STREET  
**City-St-Zip:** HIALEAH,, FL 33012 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:** ROBERT M. DAVIS

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date