

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000044250

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** INSURANCE CLAIM RESOLUTION, P.A.

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE 603-A  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

2665 S. BAYSHORE DRIVE  
SUITE 603-A  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 45-2155346      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KANDELL, SCOTT  
2665 S. BAYSHORE DRIVE  
SUITE 603  
MIAMI, FL 33133 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: D  
Name: CONNOLLY, HUGH J IV  
Address: 2665 S. BAYSHORE DRIVE, SUITE 603-A  
City-St-Zip: MIAMI, FL 33133 US

Title: D  
Name: KANDELL, SCOTT  
Address: 2665 S. BAYSHORE DRIVE, SUITE 603-A  
City-St-Zip: MIAMI, FL 33133 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: HUGH J. CONNOLLY IV

D

02/24/2012

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

\_\_\_\_\_ Date