

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90075 037 \*\*\*150.00

**DOCUMENT # P95000048438**

1. Entity Name  
**NATIONAL INSURANCE MANAGEMENT COMPANY**



Principal Place of Business  
3909 N.E. 163 STREET  
SUITE 305  
NORTH MIAMI BEACH, FL 33160

Mailing Address  
3909 N.E. 163 STREET  
SUITE 305  
NORTH MIAMI BEACH, FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0633032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMSLEY, CHARLES  
3909 N.E. 163 STREET, 3RD FLOOR  
NORTH MIAMI BEACH, FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MACHUL, JOHN  
STREET ADDRESS 3909 NE 163RD ST., STE 300  
CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE SD ☐ Delete  
NAME PARRILLO, MICHAEL  
STREET ADDRESS 815 W. VAN BUREN STREET, #400  
CITY-ST-ZIP CHICAGO, IL 60607

TITLE T ☐ Delete  
NAME FERRER, JUAN  
STREET ADDRESS 3909 NE 163RD ST  
CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE D ☐ Delete  
NAME PARRILLO, BEAU  
STREET ADDRESS 3909 N.E. 163 STREET, SUITE 305  
CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE D ☐ Delete  
NAME MCCARTHY, BARBARA  
STREET ADDRESS 20 BAYBROOKM LANE  
CITY-ST-ZIP OAKBROOK, IL 60521

TITLE D ☐ Delete  
NAME PARRILLO, RICHARD SR.  
STREET ADDRESS 3909 N.E. 163 STREET, 3RD FLOOR  
CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*MICHAEL R. PARRILLO* **MICHAEL R. PARRILLO** 5/6/04 305-933-5835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #