

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

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**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TARSITANO, GEORGE
STREET ADDRESS	3909 NE 163RD ST., STE 300
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	D
NAME	PARRILLO, MICHAEL
STREET ADDRESS	815 W. VAN BUREN STREET, #400
CITY-ST-ZIP	CHICAGO, IL 60607
TITLE	SD
NAME	GRIMSLEY, CHARLES J
STREET ADDRESS	3909 NE 163RD ST
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	D
NAME	PARRILLO, BEAU
STREET ADDRESS	3909 N.E. 163 STREET, SUITE 305
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160
TITLE	D
NAME	PARRILLO, RICHARD P JR
STREET ADDRESS	20 BAYBROOK LANE
CITY-ST-ZIP	OAKBROOK, IL 60521
TITLE	D
NAME	PARRILLO, RICHARD SR.
STREET ADDRESS	3909 N.E. 163 STREET, 3RD FLOOR
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160

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05/22/07-80007-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles J. Grimsley **CHARLES J. GRIMSLEY** 4/20/07 (305) 947-4050