

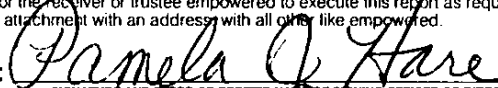


FILED
Apr 24, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # P95000095159						Secretary of State	
1. Entity Name HARE & ASSOCIATES CLAIMS SERVICE, INC.				04-24-2008 90106 021 ***150.00			
Principal Place of Business P.O. BOX 8724 JACKSONVILLE, FL 32239			Mailing Address P.O. BOX 24744 JACKSONVILLE, FL 32241				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			01082008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-3348803	
City & State			City & State			Applied For Not Applicable	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEDMAN, NORMAN P ESQ 525 N. NEWNAN ST. JACKSONVILLE, FL 32202					7. Name and Address of New Registered Agent		
					Name		
					Street Address (P.O. Box Number is Not Acceptable)		
					City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD HARE, ROBERT W SR. 2949 CHRISTOPHER CRK RD N JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD HARE, PAMELA J 2949 CHRISTOPHER CRK RD N JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				4/17/08 (904)419-6189			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			