

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000642

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** INSURANCE PROCESSING SERVICES, INC.

**Current Principal Place of Business:**

6755 NW 43 PLACE  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

6755 NW 43 PLACE  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 65-0722719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREGORY, DANGIO R SR.  
6755 NW 43 PLACE  
CORAL SPRINGS, FL 33067 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:** PD  
**Name:** D'ANGIO, MARTHA  
**Address:** 6755 NW 43 PLACE  
**City-St-Zip:** CORAL SPRINGS, FL 33067

**Title:** VD  
**Name:** LACROSS, SHERI  
**Address:** 1972 GROVELAND DR.  
**City-St-Zip:** PALM HARBOR, FL 34683

**Title:** VD  
**Name:** DANGIO, GREGORLY R SR  
**Address:** 6755 NW 43 PLACE  
**City-St-Zip:** CORALSPRINGS, FL 33067

**Title:** VD  
**Name:** SAAVEDRA, ANGELICA  
**Address:** 6755 NW 43 PLACE  
**City-St-Zip:** CORAL SPRINGS, FL 33067

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:** GREGORY DANGIO SR.

VD

03/01/2011

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

\_\_\_\_\_  
Date