

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90002 047 ***550.00

DOCUMENT # S86356

1. Entity Name
INSURANCE CLAIMS MANAGEMENT SYSTEMS, INC.

Principal Place of Business Mailing Address
6600 N ANDREWS AVE % INGLE LIFE & HEALTH ASSURANCE
SUITE 250 438 UNIVERSITY AVE. STE 1200
FT LAUDERDALE FL 33309 TORONTO ON M5G2K
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0297215** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MACMILLAN, ROBERT
%ICMS, INC 6600 N ANDREWS AVE
SUITE 250
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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.

SIGNATURE *Robert Macmillan* **DR. ROBERT MACMILLAN** *July 16/01*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCE OVERGAARD, STEVEN M. 438 UNIVERSITY AVENUE STE 1200 TORONTO, ONT., CANADA M5G2K	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCM MACMILLAN, ROBERT D 6600 N ANDREWS AVE, STE 250 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVC INGLE, JOHN D- 438 UNIVERSITY AVE, STE 1200 TORONTO ON M5G2K	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF DUNCAN, ROBERT B 438 UNIVERSITY AVE, STE 1200 TORONTO ON M5G2K	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *DR. ROBERT MACMILLAN* **DR. ROBERT MACMILLAN** *July 16/01* *(800) 525-0666*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0146394 IN

CR2E034 (5/01)