

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53681

FILED
Apr 15, 2015
Secretary of State
CC6131879201

Entity Name: HMS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1625 NW 136TH AVE
SUITE 210
FORT LAUDERDALE, FL 33323

Current Mailing Address:

P O BOX 551540
FT LAUDERDALE, FL 33355 US

FEI Number: 59-2388171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THRAUM, TAMI M
1625 NW 136TH AVE
SUITE 210
FORT LAUDERDALE, FL 33323 US

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

Officer/Director Detail :

Title VD
Name WOLK, HOWARD L
Address 1625 NW 136TH AVE SUITE 210
City-State-Zip: FT LAUDERDALE FL 33323

Title ST
Name THRAUM, TAMI M
Address 1625 NW 136TH AVE SUITE 210
City-State-Zip: FT LAUDERDALE FL 33323

Title P
Name STEIN, DOUGLAS K
Address 1625 NW 136 AVE. #210
City-State-Zip: FORT LAUDERDALE FL 33323

Title D
Name WOLK, SIDNEY D
Address 1625 NW 136TH AVE SUITE 210
City-State-Zip: FORT LAUDERDALE FL 33323

Title D
Name WOLK, JEFFREY C
Address 1625 NW 136TH AVE SUITE 210
City-State-Zip: FORT LAUDERDALE FL 33323

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: TAMI M. THRAUM

SECRETARY/TREASURER 04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date