

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058494

**Entity Name:** MASS TORT MEDIATION, INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BOULEVARD  
SUITE 1220  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BOULEVARD  
SUITE 1220  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 27-0566842

**Certificate of Status Desired:** No

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

CHAPLIN, NANCY  
401 EAST LAS OLAS BOULEVARD  
SUITE 1220  
FORT LAUDERDALE, FL 33301 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           | DVPS                                      | Title           | DP                                        |
| Name            | CHAPLIN, NANCY DVPST                      | Name            | CHAPLIN, JAMES B                          |
| Address         | 401 EAST LAS OLAS BOULEVARD<br>SUITE 1220 | Address         | 401 EAST LAS OLAS BOULEVARD<br>SUITE 1220 |
| City-State-Zip: | FORT LAUDERDALE FL 33301                  | City-State-Zip: | FORT LAUDERDALE FL 33301                  |

*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:** JAMES B. CHAPLIN

**PRESIDENT**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date