

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000060306

Entity Name: CYPRESS CLAIMS SERVICES, INC.

Current Principal Place of Business:

5300 WEST CYPRESS STREET
SUITE 100
TAMPA, FL 33607

Current Mailing Address:

5300 WEST CYPRESS STREET
SUITE 100
TAMPA, FL 33607

FEI Number: 27-3299614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, ANDREW L
5300 WEST CYPRESS STREET
SUITE 100
TAMPA, FL 33607 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 D,P
Name PATEL, PARESH
Address 5300 WEST CYPRESS STREET
City-State-Zip: TAMPA FL 33607

Title CFO
Name ALLEN, RICHARD R
Address 5300 WEST CYPRESS STREET
City-State-Zip: TAMPA FL 33607

Title SECRETARY, GENERAL COUNSEL
Name GRAHAM, ANDREW L
Address 5300 WEST CYPRESS ST.
100
City-State-Zip: TAMPA FL 33607

Title ASST. SECRETARY
Name VON HORN, BRENT N
Address 5300 WEST CYPRESS ST.
100
City-State-Zip: TAMPA FL 33607

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: RICHARD R ALLEN

CFO

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date