

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000076556

Entity Name: INSURANCE RECOVERY SOLUTIONS, INC.

Current Principal Place of Business:

11301 OKEECHOBEE BLVD
SECOND FLOOR
WEST PALM BEACH, FL 33411

Current Mailing Address:

11301 OKEECHOBEE BLVD
SECOND FLOOR
WEST PALM BEACH, FL 33411 US

FEI Number: 47-1841573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROELLE, ROBERT C
11301 OKEECHOBEE BLVD
SECOND FLOOR
WEST PALM BEACH, FL 33411 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 P
Name GROELLE, ROBERT C
Address 11301 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title TRES
Name GROELLE, ROBERT C
Address 11301 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title VP
Name SALMON, DAVID
Address 11301 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33411

Title SEC.
Name SALMON, DAVID
Address 11301 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33411

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: ROBERT C. GROELLE

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date