2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2016
Secretary of State
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Entity Name: CLAIM ANALYTICS CORPORATION

Current Principal Place of Business:

403 LOWER 8TH AVE S UNIT C
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3948 3RD ST S, #261
JACKSONVILLE BEACH, FL 32250-5847 US

FEI Number: 47-4476506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PYLAND, HOWARD L
403 LOWER 8TH AVE S UNIT C
JACKSONVILLE BEACH, FL 32250 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	DIR	Title	P
Name	PYLAND, HOWARD L	Name	PYLAND, HOWARD L
Address	403 LOWER 8TH AVE S UNIT C	Address	403 LOWER 8TH AVE S UNIT C
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	SEC	Title	TRES
Name	PYLAND, HOWARD L	Name	PYLAND, HOWARD L
Address	403 LOWER 8TH AVE S UNIT C	Address	403 LOWER 8TH AVE S UNIT C
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: HOWARD L. PYLAND PRESIDENT 03/10/2016

Electronic Signature of Signing Officer/Director Detail — Date