

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048704

Entity Name: INSURANCE CLAIM CONSULTANTS, INC.

Current Principal Place of Business:

711 S. HOWARD AVE
200
TAMPA, FL 33606

Current Mailing Address:

711 S. HOWARD AVE
200
TAMPA, FL 33606 US

FEI Number: 59-3320593

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELO, RONALD F
21328 LAKE VIENNA DRIVE
LAND O' LAKES, FL 34638 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 DELO, RONALD FT
Address 21328 LAKE VIENNA DRIVE
City-State-Zip: LAND O LAKES FL 34638

Title VP
Name DELO, JANE N
Address 21328 LAKE VIENNA DRIVE
City-State-Zip: LAND O LAKES FL 34638

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: JANE N. DELO

EVP

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date