

**2018 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  
10014 KINGSHYRE WAY  
TAMPA, FL 33647 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	Title	VP
Name	DELO, RONALD FT	Name	DELO, JANE N
Address	10014 KINGSHYRE WAY	Address	501 KNIGHTS RUN AVE 200
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

*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**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date