

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000006374

**Entity Name:** CLAIMS MANAGEMENT SERVICE, INC.

**Current Principal Place of Business:**

1660 MAITLAND AVE.  
MAITLAND, FL 32751

**Current Mailing Address:**

P.O. BOX 940608  
MAITLAND, FL 32794

**FEI Number: 59-3572031**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOARDMAN, MARK D  
1660 N MAITLAND AVE  
MAITLAND, FL 32751 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            BOARDMAN, MARK DP  
Address        PO BOX 940608  
City-State-Zip: MAITLAND FL 32794

*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: MARK D BOARDMAN**

**P**

**01/27/2014**

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

\_\_\_\_\_  
Date