

2015 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

PRESIDENT

01/12/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date