

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000003054

**Entity Name:** INTERNATIONAL RECOVERY MANAGEMENT, INC.

**Current Principal Place of Business:**

1050 HILLSBORO MILE #808W  
HILLSBORO BCH, FL 33062

**Current Mailing Address:**

13435 S.MCCALL RD BOX 394  
PORT CHARLOTTE, FL 33981

**FEI Number:** 45-4834562

**Certificate of Status Desired:** No

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

NACHTWEY, KIMBERLY D  
13639 ALLAMANDA CIRCLE  
PORT CHARLOTTE, FL 33981 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 D  
Name BENZIO, KARL  
Address 108 RIDGE VIEW LANE  
City-State-Zip: DOYLESTOWN PA 18901

Title STD  
Name NACHTWEY, KIMBERLY D  
Address 13639 ALLAMANDA CIR  
City-State-Zip: PORT CHARLOTTE FL 33981

Title PD  
Name HOSKINS, DAVID  
Address 1050 HILLSBORO MILE #808W  
City-State-Zip: HILLSBORO BCH FL 33062

Title DIRETOR  
Name THOMSON, ANGELA K  
Address PO BOX 668  
City-State-Zip: DEERFIELD BEACH FL 33443

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY D. NACHTWEY

**SECRETARY**

**04/21/2015**

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

\_\_\_\_\_  
Date