

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20522

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL CASUALTY CORP.

**Current Principal Place of Business:**

1200 S. PINE ISLAND ROAD  
STE. 400  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 S. PINE ISLAND ROAD  
STE. 400  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 59-2448515      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHARE, LAWRENCE D  
1200 SOUTH PINE ISLAND ROAD  
SUITE 400  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BRENNAN, AMY SHARE  
Address: 1200 S. PINE ISLAND ROAD, #400  
City-St-Zip: PLANTATION, FL 33324

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: AMY SHARE BRENNAN

PSD

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date