

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004949

FILED
Jun 04, 2004
Secretary of State

Entity Name: PEDIATRICIANS INSURANCE RISK RETENTION GROUP OF AMERICA, INC.

Current Principal Place of Business:

5981 NE 6 AVE.
MIAMI, FL 33137

New Principal Place of Business:

750 NE 62ND STREET`
206
MIAMI, FL 33138 US

Current Mailing Address:

5981 NE 6 AVE.
MIAMI, FL 33137

New Mailing Address:

750 NE 62ND STREET
206
MIAMI, FL 33138 US

FEI Number: 20-0167681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSOV, EUGENE A
5981 NE 6 AVE.
MIAMI, FL 33137

Name and Address of New Registered Agent:

ROSOV, EUGENE A PRES.
750 NE 62ND STREET
206
MIAMI, FL 33138

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: EUGENE A. ROSOV

06/04/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSOV, EUGENE A
Address: 5981 NE 6 AVE.
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: BOUCHER, JULIE S
Address: PO BOX 530
City-St-Zip: BURLINGTON, VT 054020530

Title: TD () Delete
Name: MAZZOLA, MICHAEL J
Address: % MDMC, 5981 NE 6 AVE.
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: GELBAND, HENRY M.D.
Address: DEPT OF PDTRCS/U OF MIAMI/POB 016820
City-St-Zip: MIAMI, FL 33101

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSOV, EUGENE A
Address: 750 NE 62ND STREET #206
City-St-Zip: MIAMI, FL 33138 US

Title: SD (X) Change () Addition
Name: BOUCHER, JULIE S
Address: PO BOX 530
City-St-Zip: BURLINGTON, VT 054020530 US

Title: TD (X) Change () Addition
Name: MAZZOLA, MICHAEL J
Address: % MDMC - 750 NE 62ND STREET #206
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MARTIN, MICHAEL M.D.
Address: % MDMC - 750 NE 62ND STREET #206
City-St-Zip: MIAMI, FL 33138 US

Title: D () Change (X) Addition
Name: TERMOTTO, GEORGE M.D.
Address: % PIRRG - 750 NE 62ND STREET #206
City-St-Zip: MIAMI, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EUGENE A. ROSOV

PRES

06/04/2004

Electronic Signature of Signing Officer or Director

Date

CURTIS, JAY E., ASST. SEC.
% MARSH, INC. - 100 BANK STREET
BURLINGTON VT 05401

ZIMMERMAN, TODD, M.D.
% MDMC - 750 NE 62ND STREET
#206
MIAMI FL 33138