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Secretary of State
02-13-2006 90032 021 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004949

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

400013287

Principal Place of Business	Mailing Address
780 NE 69TH STREET 2310 MIAMI, FL 33138 US	780 NE 69TH STREET 2310 MIAMI, FL 33138 US

02062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5101 Wisconsin Ave. N.W.	c/o Risk Services, 1501 Wilson Blvd.
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 1110
City & State Washington, DC	City & State Arlington, VA
Zip 20016 Country USA	Zip 22209 Country USA

4. FEI Number
20-0167681
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSOV, EUGENE A PRES. 780 NE 69TH STREET 2310 MIAMI, FL 33138	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: EUGENE A. ROSOV 02/07/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSOV, EUGENE A 780 NE 69TH STREET, #2310 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Rosov, Eugene A 780 NE 69th Street, #2310 Miami, FL 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMMERMAN, TODD 1565 EASTWOOD AVENUE HIGHLAND PARK, IL 60035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAZZOLA, MICHAEL J 780 NE 69TH STREET, #2310 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELBAND, HENRY M.D. DEPT OF POTRCS/U OF MIAMI/POB 016820 MIAMI, FL 33101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Gelband, Henry M.D. 181 Crandon Blvd., Unit 406 Key Biscayne, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, MICHAEL M.D. 780 NE 69TH STREET, #2310 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERMOTTO, GEORGE M.D. 780 NE 69TH STREET, #2310 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE A. ROSOV 02/06/06 305-751-9195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 400132871

#703000049491

PEDIATRICIANS INSURANCE RISK RETENTION GROUP OF AMERICA

February 8, 2006

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Pediatricians Insurance Risk Retention Group of America, Inc.
NAIC Company Code: 11772; NAIC Group Code: 0000; FEIN: 20-0167681

Dear Sir/Madam:

On behalf of the above-named company, enclosed please find the following:

1. 2006 For Profit Corporation Annual Report; and,
2. Check in the amount of $150.00 in payment of the filing fee due.

I believe that this completes the filing requirement due at this time. Should you have any further questions, please don't hesitate to contact me by telephone at (703) 812-8425 or by e-mail at hross@riskservcos.com.

Sincerely,

Heather Ross
Director, Regulatory Compliance
Risk Services, LLC
As Managers For
Pediatricians Insurance Risk Retention Group of America, Inc.

HR/ncg

Enclosures

ATTACHMENT

400132871

#703000004949

Pediatricians Insurance Risk Retention Group of America, Inc.
Additional Officers/Directors List

Name	Address	Position	Add/Change
Sanchez, Nina M.D.	7800 S.W.87th Ave. Miami, FL 33173	Director	Add
Felch, Dean	780 NE 69th Street Suite 2310 Miami, FL 33138	Secretary	Add