

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004949

FILED  
Mar 03, 2011  
Secretary of State

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

**Current Principal Place of Business:**

607 14TH STREET, N.W.  
SUITE 900  
WASHINGTON, DC 20005 US

**New Principal Place of Business:**

2233 WISCONSIN AVE, N.W.  
SUITE 310  
WASHINGTON, DC 20007 US

**Current Mailing Address:**

C/O RISK SERVICES,  
2233 WISCONSIN AVE NW 310  
WASHINGTON, DC 20007 US

**New Mailing Address:**

C/O RISK SERVICES, LLC  
2233 WISCONSIN AVE, N.W., SUITE 310  
WASHINGTON, DC 20007 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 PRES.  
634 BIRD RD.  
CORAL GABLES, FL 33146 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: PD  
Name: ROSOV, EUGENE A  
Address: 634 BIRD RD  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D  
Name: ZIMMERMAN, TODD  
Address: 1565 EASTWOOD AVENUE  
City-St-Zip: HIGHLAND PARK, IL 60035 US

Title: TD  
Name: DEVITO, EMIL D  
Address: 23 GLEN LAKE DRIVE  
City-St-Zip: MEDFORD, NJ 08055

Title: CD  
Name: GELBAND, HENRY M.D.  
Address: 181 CRANDON BLVD, UNIT 406  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D  
Name: MARTIN, MICHAEL M.D.  
Address: 634 BIRD RD.  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D  
Name: TERMOTTO, GEORGE M.D.  
Address: 634 BIRD RD  
City-St-Zip: CORAL GABLES, FL 33146 US

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: EUGENE A. ROSOV

P

03/03/2011

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

\_\_\_\_\_  
Date