2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006
Secretary of State

DOCUMENT# F05000007190

Entity Name: PROFESSIONAL MEDICAL INSURANCE SERVICES, INC.

Current Principal Place of Business:

16800 GREENSPOINT PARK DRIVE, SUITE 255N
HOUSTON, TX 77060

New Principal Place of Business:

Current Mailing Address:

16800 GREENSPOINT PARK DRIVE, SUITE 255N
HOUSTON, TX 77060

New Mailing Address:

FEI Number: 76-0585181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOU KUP, HOPE
210 SOUTH PINELLAS AVENUE, SUITE 158
TARPON SPRINGS, FL 34689 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete
Name: REESE, WILLIAM J JR.
Address: 16800 GREENSPOINT PARK DRIVE, SUITE 255N
City-St-Zip: HOUSTON, TX 77060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM J REESE JR CPST 06/29/2006

Electronic Signature of Signing Officer or Director — Date