

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007190

FILED
Apr 18, 2011
Secretary of State

Entity Name: PROFESSIONAL MEDICAL INSURANCE SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

16800 GREENSPPOINT 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:

SOUKUP, 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

OFFICERS AND DIRECTORS:

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

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: WILLIAM J. REESE, JR.

CPST

04/18/2011

Electronic Signature of Signing Officer or Director

Date