

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2012
Secretary of State

Entity Name: PROFESSIONAL LIABILITY INSURANCE SERVICES, INC.

Current Principal Place of Business:

5802 THUNDERBIRD BUILDING 10
SUITE 100
LAGO VISTA, TX 78645

New Principal Place of Business:

Current Mailing Address:

5802 THUNDERBIRD BUILDING 10
SUITE 100
LAGO VISTA, TX 78645

New Mailing Address:

FEI Number: 76-0253594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: HANLEY, DAVID J II
Address: 5802 THUNDERBIRD, BLDG 10, SUITE 100
City-St-Zip: LAGO VISTA, TX 78645

Title: VD
Name: RITZ, PAMELA J
Address: 5802 THUNDERBIRD, BLDG 10, SUITE 100
City-St-Zip: LAGO VISTA, TX 78645

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: DAVID J. HANLEY, II

PD

01/06/2012

Electronic Signature of Signing Officer or Director

Date