

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89665

FILED
Feb 04, 2011
Secretary of State

Entity Name: FIRST INSURANCE NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

2889 ELMWOOD DR.
SMYRNA, GA 30080 US

New Principal Place of Business:

Current Mailing Address:

2889 ELMWOOD DR.
SMYRNA, GA 30080 US

New Mailing Address:

FEI Number: 59-2849661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAY, ROBERT J
755 WEST STATE RD 434, SUITE F
LONGWOOD, FL 32750 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: P
Name: DIAL, WILLIAM A JR
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: S
Name: YERRAMILLI, JAIRAM
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: T
Name: YERRAMILLI, JAIRAM
Address: 2889 ELMWOOD DRIVE
City-St-Zip: SMYRNA, GA 30080

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: LYNDA JACKSON

A

02/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date