2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# L48713

Entity Name: PROFESSIONAL INSURANCE SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

5700 FIRST AVENUE NORTH
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

5700 FIRST AVENUE NORTH
ST PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-2989582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BARBARA J
5700 FIRST AVENUE NORTH
ST PETERSBURG, FL 33710 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: MEDNICK, HOWARD A PD
Address: 5700 FIRST AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: PRES
Name: MEDNICK, SCOTT E
Address: 5700 FIRST AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: STD
Name: PATTERSON, BARBARA J
Address: 5700 FIRST AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

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: BARBARA PATTERSON S/T 01/07/2011

Electronic Signature of Signing Officer or Director Date