

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000633

FILED
Apr 21, 2009
Secretary of State

Entity Name: PROFESSIONAL INSURANCE ENTERPRISES, L.C.

Current Principal Place of Business:

2499 W. GLADES RD., SUITE 207
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 871
DEERFIELD BEACH, FL 334430871

New Mailing Address:

FEI Number: 65-0892084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY M. LENNON, B.D.S.
2499 W. GLADES RD., SUITE 207
BOCA RATON, FL 33431 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LENNON, HENRY B.D.S.
Address: 2499 GLADES ROAD, #207
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: WEINER, HOWARD M.D.
Address: 4177 BRIARCLIFF CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: BURKE, ROBERT M.D.
Address: 2529 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY M. LENNON

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date