

P02000075852

TRANSMITTAL LETTER

02 OCT 11 PM 3:27

TO: Amendment Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: PHYSICIANS INSURANCE INC.

(Name of corporation)

DOCUMENT NUMBER: P02000075852

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY GERARDI

(Name of person)

PHYSICIANS INSURANCE INC.

(Name of firm/company)

800008329178--3

-10/11/02--01029--005

\*\*\*\*\*35.00 \*\*\*\*\*35.00

2000 PALM BEACH LAKES BLVD. SUITE 777

(Address)

WEST PALM BEACH FL 33409

(City/state and zip code)

For further information concerning this matter, please call:

ANTHONY GERARDI

(Name of person)

at ( 561 ) 683-5111

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

PS 10/14/02

RA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
FLORIDA in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: PHYSICIANS INSURANCE INC.
2. The principal office address: 2000 PALM BEACH LAKES BLVD SUITE 777  
WEST PALM BEACH FL. 33409
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JULY 12, 2002 Document number: P02000075852
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

A. AINSLEY

2000 PALM BEACH LAKES BLVD. SUITE 777

WEST PALM BEACH FL 33409

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

CLAUIDA AINSLEY

2000 PALM BEACH LAKES BLVD. SUITE 777

(P.O. Box or personal mailbox NOT acceptable)

WEST PALM BEACH FL. 33409

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

ALAN AINSLEY, PRESIDENT

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

10/03/02

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
**02 OCT 11 PM 3:27**  
**FLORIDA DEPARTMENT OF STATE**  
**TALLAHASSEE, FLORIDA**