

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040719

FILED
Jan 06, 2011
Secretary of State

Entity Name: PROVIDER PROFESSIONAL INSURANCE INC.

Current Principal Place of Business:

4345 SW 72 AVE - STE A
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4345 SW 72 AVE - STE A
MIAMI, FL 33155

New Mailing Address:

FEI Number: 04-3809085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'FARRILL, MARIO I
4345 SW 72 AVE - STE A
MIAMI, FL 33155 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: O'FARRILL, MARIO I
Address: 4345 SW 72 AVE - STE A
City-St-Zip: MIAMI, FL 33155

Title: VPD
Name: O'FARRILL, DEBBIE R
Address: 4345 SW 72 AVE - STE A
City-St-Zip: MIAMI, FL 33155

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: MARIO OFARRILL

PRES

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date