

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040719

FILED  
Jan 09, 2012  
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 I O'FARRILL

PRES

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date