

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000058229

FILED
Nov 07, 2011
Secretary of State

Entity Name: CENTAURI SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

101 ARTHUR ANDERSEN PARKWAY
SUITE 220
SARASOTA, FL 34232

New Principal Place of Business:

5391 LAKEWOOD RANCH BLVD
SUITE 303
SARASOTA, FL 34240

Current Mailing Address:

101 ARTHUR ANDERSEN PARKWAY
SUITE 220
SARASOTA, FL 34232

New Mailing Address:

5391 LAKEWOOD RANCH BLVD
SUITE 303
SARASOTA, FL 34240

FEI Number: 20-3990357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES STREET
TALLAHASSEE, FL 32399 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: ESPINO, RICARDO A
Address: 5391 LAKEWOOD RANCH BLVD, STE 303
City-St-Zip: SARASOTA, FL 34240

Title: VD
Name: REES, LORA S
Address: 5391 LAKEWOOD RANCH BLVD, STE 303
City-St-Zip: SARASOTA, FL 34240

Title: D
Name: BARRALES, MIQUEL A
Address: 5391 LAKEWOOD RANCH BLVD, STE 303
City-St-Zip: SARASOTA, FL 34240

Title: D
Name: KEVANE, DONALD
Address: 5391 LAKEWOOD RANCH BLVD, STE 303
City-St-Zip: SARASOTA, FL 34240

Title: D
Name: SCHEFFLER, GUSTAVO
Address: 5391 LAKEWOOD RANCH BLVD, STE 303
City-St-Zip: SARASOTA, FL 34240

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: LORA S. REES

V

11/07/2011

Electronic Signature of Signing Officer or Director

Date