

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095877

FILED
Feb 22, 2010
Secretary of State

Entity Name: PROSIDIAN MEDICAL MALPRACTICE INSURANCE CORPORATION

Current Principal Place of Business:

3020 HARTLEY RD.
100A
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

3020 HARTLEY RD.
100A
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-3668780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, PARRY W
3020 HARTLEY RD.
100A
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CB
Name: CLARK, PARRY W
Address: 3020 HARTLEY RD, STE 100A
City-St-Zip: JACKSONVILLE, FL 32257

Title: CEO
Name: MORGAN, JAMES L
Address: 3020 HARTLEY RD., STE 100A
City-St-Zip: JACKSONVILLE, FL 32257

Title: PRES
Name: DRISCOLL, KURT F
Address: 3020 HARTLEY RD., STE 100A
City-St-Zip: JACKSONVILLE, FL 32257

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: PARRY W. CLARK

CB

02/22/2010

Electronic Signature of Signing Officer or Director

Date