

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000034395

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** PREPARED INSURANCE COMPANY

**Current Principal Place of Business:**

TWO URBAN CENTRE  
4890 W KENNEDY BLVD, SUITE 295  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

TWO URBAN CENTRE  
4890 W KENNEDY BLVD, SUITE 295  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 26-4756872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
PO BOX 6200(32314-6200)  
200 E. GAINES ST  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SCHAFFEL, MARTY  
**Address:** 4890 W KENNEDY BLVD #295  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** SYKES, JOHN  
**Address:** 4890 W KENNEDY BLVD #295  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** RAUCY, DOUGLAS  
**Address:** 4890 W KENNEDY BLVD #295  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** VASILOUDES, PANOS MD  
**Address:** 4890 W KENNEDY BLVD #295  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** ZAGARIAS, VARNAVAS  
**Address:** 4890 W KENNEDY BLVD #295  
**City-St-Zip:** TAMPA, FL 33609

**Title:** D  
**Name:** CORREA, DANNY  
**Address:** 4890 W KENNEDY BLVD #295  
**City-St-Zip:** TAMPA, FL 33609

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:** ROBERT WAYNE BURKS

CFO

03/31/2010

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

\_\_\_\_\_  
Date