

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056640

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** PARTNERS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

200 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

200 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 27-3080418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

GEBaide, LYNN M  
1703 ASTOR FARMS PLACE  
SANFORD, FL 32771 US

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: LYNN M GEBaide

02/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GEBaide, LYNN M  
Address: 200 CROWN OAK CENTER DRIVE  
City-St-Zip: LONGWOOD, FL 32750

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: LYNN M GEBaide

PSD

02/13/2011

Electronic Signature of Signing Officer or Director

Date