

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078310

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL INSURANCE OPTIONS CORP.

**Current Principal Place of Business:**

53 S SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

5401 S KIRKMAN RD  
310  
ORLANDO, FL 32807

**Current Mailing Address:**

53 S SEMORAN BLVD  
ORLANDO, FL 32807

**New Mailing Address:**

5401 S KIRKMAN RD  
310  
ORLANDO, FL 32807

**FEI Number:** 27-3555473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AGUAYO, JOSE  
1043 LANDVIEW CT  
ORLANDO, FL 32828 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: P  
Name: AGUAYO, JOSE  
Address: 1043 LANDVIEW CT  
City-St-Zip: ORLANDO, FL 32828

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: JOSE AGUAYO

P

04/26/2011

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

\_\_\_\_\_  
Date