

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P93000038339 (6)

96 SEP -6 PM 12:13

1. Corporation Name

SUNCOAST PROFESSIONAL LIABILITY INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

600 N WESTSHORE BLVD
SUITE 300
TAMPA FL 33609

600 N WESTSHORE BLVD
SUITE 300
TAMPA FL 33609

3. Date Incorporated or Qualified

05/28/1993

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 22668

26 P.O. Box 22668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3174832

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

City & State

23 TAMPA FL

28 Tampa FL

Zip

Country

Zip

Country

24 33622-9668

25 U.S.A

29 33622-

30 USA

9. Name and Address of Current Registered Agent 9668

10. Name and Address of New Registered Agent

TITUS, BRUCE E
6711 BAYOU GRANDE BLVD. NE
ST. PETERSBURG FL 33702

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PTD	TITUS, BRUCE E	6711 BAYOU GRANDE BLVD., NE	ST. PETERSBURG FL
<input type="checkbox"/> DELETE			
DV	TITUS, DANIEL L	18709 PEPPER PIKE	LUTZ FL
<input type="checkbox"/> DELETE			
DV	WILLIAMS, HENRY G	13914 LAKE POINT DRIVE	CLEARWATER FL
<input type="checkbox"/> DELETE			
SD	DAYTON, JANET F	8004 LAGO VISTA DR	TAMPA FL
<input type="checkbox"/> DELETE			
DV	DELAROSA, DANIEL M	8608 LEIGHTON DRIVE	TAMPA FL
<input type="checkbox"/> DELETE			
DV	NOLEN, PHILLIP R	4501 WOODMERE ROAD	TAMPA FL
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)