FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 PM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071157 (9)

1. CORPORATE NAME
PROFESSIONAL INSURANCE OF SOUTH FLORIDA,INC.

PRINCIPAL ADDRESS
9301 SW 72 ST
MIAMI FL 33173

MAILING ADDRESS
9301 SW 72 ST
MIAMI FL 33173

3. DATE OF INCORPORATION / QUALIFICATION: 09/26/1994

3a. DATE OF REGISTRATION

4. FEI NUMBER: 65-0527098

Applied For / Not Applicable

5. CERTIFICATE OF STATUS (ANNUAL): $8.75 Additional Fee Required

6. CERTIFICATE OF GOOD STANDING (ANNUAL): $5.00 May Be Added to Fees

7. PRIOR YEAR'S REPORT FILED: X

2. PRESIDENT / DIRECTOR — 21, 22, 23, 24, 25

2a. MAILING ADDRESS — 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

FREEMAN, CYNTHIA H
9301 SW 72 ST
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 NAME
82 STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)
83 CITY
84 ZIP — FL — 85 COUNTY

11. [illegible]

12. OFFICER AND DIRECTOR

PRES.,V-PRES.,SEC.,TREAS.
CYNTHIA H. FREEMAN
9301 S.W. 72 STREET
MIAMI, FL 33173

13. [illegible]

14. I hereby certify that the information supplied with this report is accurate and that the corporation has complied with all applicable provisions of the Florida Business Corporation Act. I further certify that the corporation is in compliance with the requirements of Section 607.0501 of the Florida Business Corporation Act. [illegible]

SIGNATURE: Cynthia H. Freeman 4/17/95 (305) 551-3305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0196394 CP