

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045937

FILED
Mar 02, 2011
Secretary of State

Entity Name: PROFESSIONAL LIABILITY SERVICES, INC.

Current Principal Place of Business:

1250 SOUTH HWY 17-92
STE. 110 LAKE CENTER
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1250 SOUTH HWY 17-92
STE. 110 LAKE CENTER
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3382187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PD
Name: MCILVENNA, BRUCE J
Address: 640 STRIHAL LOOP
City-St-Zip: OAKLAND, FL 34787

Title: VD
Name: JULIANO, ROBERT J
Address: 4700 COUNTY RD 46 A
City-St-Zip: SANFORD, FL 32771

Title: ST
Name: MCILVENNA, EILEEN A
Address: 640 STRIHAL LOOP
City-St-Zip: OAKLAND, FL 34787

Title: CONT
Name: MCILVENNA, SEAN B
Address: 4158 HEIRLOOM ROSE PL
City-St-Zip: OVIEDO, FL 32766

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: SEAN MCILVENNA

CONT

03/02/2011

Electronic Signature of Signing Officer or Director

Date