2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P96000055006

Entity Name: ALL - SOUTH PROFESSIONAL LIABILITY, INC.

Current Principal Place of Business:

100 COREY AVENUE
SAINT PETERSBURG, FL 33706 US

New Principal Place of Business:

100 COREY AVENUE
SAINT PETE BEACH, FL 33706 US

Current Mailing Address:

PO BOX 66689
SAINT PETERSBURG, FL 33736 US

New Mailing Address:

PO BOX 66689
ST PETE BEACH, FL 33736 US

FEI Number: 59-3395643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLF, BOYD H
100 COREY AVE
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

WOLF, BOYD H
100 COREY AVE
SAINT PETE BEACH, FL 33706 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: 03/10/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOLF, BOYD H
Address: 4601 SAN MIGUEL ST
City-St-Zip: TAMPA, FL 33629 US

Title: VP ( ) Delete
Name: GOUGH, DAVID E
Address: 6112 S ELKINS AVE
City-St-Zip: TAMPA, FL 33611 US

Title: S ( ) Delete
Name: ROSEN, MARK I
Address: 9 FARMS SPRINGS RD
City-St-Zip: FARMINGTON, CT 06032 US

Title: DT ( ) Delete
Name: SENNOTT, JOHN L JR.
Address: 9 FARMS SPRINGS RD
City-St-Zip: FARMINGTON, CT 06032

Title: D (X) Delete
Name: SILLS, STEPHEN J
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOYD H. WOLF P 03/10/2009
Electronic Signature of Signing Officer or Director — Date