

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

**95 MAR 14 AM 10:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V49829 (7)**  
1. Corporation Name  
**PHYSICIANS INSURANCE COMPUTER SERVICES, INC.**

Principal Place of Business  
**2000 N. 68TH AVENUE  
HOLLYWOOD FL 33024**

Mailing Address  
**PO BOX 6520  
PEMBROKE PINES FL 33084  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/10/1992** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **65-0357934** Applied For ☐  
Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30

**9. Name and Address of Current Registered Agent**

**ROSENBLUM, DANIA G.  
372 HARBOR CT.  
FT. LAUDERDALE FL 33326**

**10. Name and Address of New Registered Agent**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-elected)

DATE

**12. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>D</b>                   |
| NAME           | <b>ROSENBLUM, DANIA G.</b> |
| STREET ADDRESS | <b>372 HARBOR CT.</b>      |
| CITY- ST- ZIP  | <b>FT. LAUDERDALE FL</b>   |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY- ST- ZIP  |                            |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

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 110.07(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 or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 14)