

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040719

**FILED
Jan 11, 2016
Secretary of State
CC4662330968**

Entity Name: PROVIDER PROFESSIONAL INSURANCE INC.

Current Principal Place of Business:

4345 SW 72 AVE - STE A
MIAMI, FL 33155

Current Mailing Address:

4345 SW 72 AVE - STE A
MIAMI, FL 33155

FEI Number: 04-3809085

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

O'FARRILL, MARIO I
4345 SW 72 AVE - STE A
MIAMI, FL 33155 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	VPD
Name	O'FARRILL, MARIO I	Name	O'FARRILL, DEBBIE R
Address	4345 SW 72 AVE - STE A	Address	4345 SW 72 AVE - STE A
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

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: MARIO I O'FARRILL

PRESIDENT

01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date