2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2013
Secretary of State
CC9475220953

DOCUMENT# P06000059779

Entity Name: PROSPECTIVE RISK MANAGEMENT CORPORATION

Current Principal Place of Business:

4348 SOUTHPOINT BLVD.,SUITE 201
JACKSONVILLE, FL 32216

Current Mailing Address:

4348 SOUTHPOINT BLVD.,SUITE 201
JACKSONVILLE, FL 32216

FEI Number: 20-4770398

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

IVAN, MICHAEL JJR
ONE INDEPENDENT DRIVE
SUITE 3131
JACKSONVILLE, FL 32202 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	CHAIRMAN
Name	MYERS, WILLIAM P
Address	437 SOPHIA TERRACE
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	DIRECTOR
Name	CROSS, WILLIAM C
Address	110 SURREY LANE
City-State-Zip:	PONTE VEDRA BCH FL 32082

Title	SENIOR VICE PRESIDENT, DIRECTOR
Name	FOSTER, THEODORE E
Address	4348 SOUTHPOINT BLVD.,SUITE 201
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY, TREASURER
Name	O'BRIEN, TONI L
Address	912 QUINCY CT.
City-State-Zip:	JACKSONVILLE FL 32259

Title	EXECUTIVE VICE PRESIDENT
Name	PROM, PATRICK
Address	4348 SOUTHPOINT BLVD.,SUITE 201
City-State-Zip:	JACKSONVILLE FL 32216

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: TONI O'BRIEN SECRETARY 04/19/2013

Electronic Signature of Signing Officer/Director Detail — Date