

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000074801

**FILED  
Jan 10, 2018  
Secretary of State  
CC9076225186**

**Entity Name:** PROFESSIONAL INSURANCE SYSTEMS OF FLORIDA  
GENERAL LINES, INC.

**Current Principal Place of Business:**

5700 1ST AVE N  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

5700 1ST AVE N  
ST PETERSBURG, FL 33710

**FEI Number: 46-0929711**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MEDNICK, SCOTT E  
5700 1ST AVE N  
ST PETERSBURG, FL 33710 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            P  
Name            MEDNICK, SCOTT E  
Address        5700 1ST AVE N  
City-State-Zip: ST PETERSBURG FL 33710

Title            D  
Name            MEDNICK, BLAKE A  
Address        5700 1ST AVE N  
City-State-Zip: ST PETERSBURG FL 33710

*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: SCOTT E. MEDNICK

P

01/10/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date