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 MGR 02/03/2022

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000074801

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

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

Officer/Director Detail :

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

FILED Feb 03, 2022 Secretary of State 9921484926CC

Date

Certificate of Status Desired: No

Date