07211999-90005-002-$550.00-$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

**FILED**
**Jul 21, 1999 8:00 am**
**Secretary of State**
07-21-1999 90005 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 402771

1. Corporation Name
PHYSICIANS PROTECTIVE PLAN, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 2121 PONCE DE LEON BLVD. #350<br>P.O. BOX 149001<br>CORAL GABLES FL 33134 | 2121 PONCE DE LEON BLVD. #350<br>P.O. BOX 149001<br>CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1972

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2600 Professionals Dr. | 26 |
| Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27 |
| City & State: 23 Okemos, MI | City & State: 28 Okemos, MI |
| Zip: 24 48864 Country: 25 USA | Zip: 29 488 Country: 30 USA |

4. FEI Number: 59-1603368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STEVEN SALMAN
2121 PONCE DE LEON BLVD, #350
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Gregg L. Hanson
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
83: Suite 350
84 City: Coral Gables, FL 85 Zip Code: 33134

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 _____ 7-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STEVEN SALMAN | | 1.2 NAME | | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD., STE 350 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHEMENAUER, PEGGY J. | | 2.2 NAME | | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BERG, ELIOT H MD | | 3.2 NAME | | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VT | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BAXTER, WILLIAM D. | | 4.2 NAME | | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD | | 4.3 STREET ADDRESS | 2600 Professionals Dr. | |
| CITY-ST-ZIP | CORAL GABLES FL | | 4.4 CITY-ST-ZIP | Okemos, MI 48864 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** William A. Baxter Treasurer 7/9/99 517 347 6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #