


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 402771		
1. Entity Name PHYSICIANS PROTECTIVE PLAN, INC		
Principal Place of Business 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209 US	Mailing Address P.O BOX 590009 BIRMINGHAM, AL 35259 US	
DO NOT WRITE IN THIS SPACE		



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1603368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, STEVEN R 2801 SW 149 AVENUE., STE. 200 MIRAMAR, FL 33027	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDV BOWLBY, JEFFREY L 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOSS, DAVID R 2121 PONCE DE LEON BLVD SUITE 350 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEVILLE, KATHRYN A 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORELLO, JAMES J 100 BROOKWOOD PLACE BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, STEVEN R 2801 S.W. 149 AVENUE., STE. 200 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000132000
 04/27/04-80028-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn A. Neville 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #