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 ☐ **$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

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

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CDV
NAME	BOWLBY, JEFFREY L
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	DP
NAME	GOSS, DAVID R
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 350
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	NEVILLE, KATHRYN A
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	T
NAME	MORELLO, JAMES J
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	D
NAME	SMITH, STEVEN R
STREET ADDRESS	2801 S.W. 149 AVENUE., STE. 200
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000132000
04/27/04-80028-014 150.00

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12. 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 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 #