802-862-4400

Daytime Phone #

11/20/06

Date

r ruma k

2006-FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | | | FILED | | | | | |
|--|---|--|--|--|--|--------------------------|---|----------------|--|--|--|
| DOCUN 1. Entity Name PHYSICIA RETENTION | | | | 2006 NOV 27 | | | | | | | |
| | | | | | , | Y OF STATE EE.FLORIDA | | | | | |
| Principal Place 76 ST. PAUL BURLINGTON | STREET STE. 500 | Mailing Address 76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401 | | | | IALLAHA55 | EE.FLURIDA | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 10232006 | REIN-P | CR2E098 (11/05) | | | | |
| City & State | Э | City & State | | | 4. FEI Number | E00 | | oplied For | | | |
| Zip | Country | Zip Country | | | 33-1010508 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| | 6. Name and Address of Current Re | gistered Agent | <u>;</u> | | 7. Name and A | ddress of New Reg | | | | | |
| | 0481/ | | Name | HEDA | , Jack | | - | | | | |
| | GARY TH 35TH AVENUE DOD, FL 33021 | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 710221770 | , | | · | NW 1: | 125th Avenue, Suite 339 | | | | | | |
| | 110 | | | | oke Pines | | FL 330 | 28 | | | |
| | named entity subgrits this statement for the | e purpose of changing its | registered office o | r register | | | da. I am familiar with, | and accept | | | |
| _ | 1/1//// | | | | | | 透視症. | ന | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and | title if applicable. {NOT | E: Registered Agent sign | ature requir | ******** | <u> </u> | DATE | <u> </u> | | | |
| | LE NOW!!! FEE IS \$150.00 muary 1, 2007, Fee will be \$300.00 | | | | | In accordance wit | h s. 607.193(2)(b), ot receive the prior | F.S., the | | | |
| 10. | OFFICERS AND DI | RECTORS | 11, | | | · . | ERS AND DIRECTOR | | | | |
| TITLE | D | Delete | TITLE | V/a | iss't S | HANGES TO OFFIC | Change | Addition | | | |
| NAME | KRAYER, ANTHONY | | NAME | JOY | , PETER | | | _ | | | |
| STREET ADDRESS CITY-ST-ZIP | 3501 JOHNSON STREET HOLLYWOOD, FL 33021 | | STREET ADDRESS CITY-ST-ZIP | | St. Paul lington, | Street, St VT 05401 | uite 500 | | | | |
| TITLE | D DARBER CARY | Delete | TITLE | Ÿ | | | ☐ Change | Addition | | | |
| STREET ADDRESS | | | STREET ADDRESS | 76 | | Street, St | uite 500 | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | ☐ Delete | CITY-ST-ZIP | | iss't S | VT 05401 | ☐ Change | ☐ Addition | | | |
| NAME | REICH, ALAN | | NAME | | Y, NANCY | | | , | | | |
| STREET ADDRESS CITY-ST-ZIP | 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 | | STREET ADDRESS CITY-ST-ZIP | | St. Paul Street, Suite 500 | | ite 500 | | | | |
| TITLE | DT DOSENTHAL ALEBED | Delete | TITLE | CEO |) | | ☐ Change | Addition | | | |
| NAME STREET ADDRESS | ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUITE | D | . Name . Street address | PAP 104 | ADAKIS, J 00 NW 18t | JOHN h Manor | | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | . CITY-ST-ZIP | | ntation, | | | | | | |
| TITLE NAME | SD HEROLD, FRED | Delete | TITLE NAME | DS | | | Change | Addition | | | |
| STREET ADDRESS | | | STREET ADDRESS | HERO | LD, FRED | ce Parkway | | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | CITY-ST-ZIP | Mira | mar, FL | 33025 | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE | DVP BIRKEN, GARY | ☐ Delete | TITLE NAME | V | A, JACK | | Change | Addition | | | |
| STREET ADDRESS | | | STREET ADDRESS | 185 | 1. NW 125t | h Ave, Su | ite 339 | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | CITY-ST-ZIP | | | nes, FL 3 | | | | | |
| indicates of the co | certify that the information supplied with the donthis report or supplemental report is tropper for trustee empower, or on an attachment with an address, with an address, with an address. | ue and accurate and that re ered to execute this report | my signature shall he as required by Cha | have the s | same legal effect: | as if made under oa | th; that I am an office | er or director | | | |

Peter J. Mack

Peter J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ___

2006 FOR PROFIT CORPORATION REINSTATEMENT

4 - Com 2 1

| 1. Entity Name PHYSICIA | MENT # F02000003 NS PROFESSIONAL LIAB DN GROUP, INC. | | | | | | | | | |
|---|---|---|---|---|---|--------------------------------|------------------------------|--|--|--|
| Principal Place 76 ST. PAUL S BURLINGTON, | STREET STE. 500 | Mailing Address 76 ST. PAUL STREET S' BURLINGTON, VT 0540 | | | #1 40112 NZII 02111 02111 02111 0011 00111 0 | 10E IIKII TIOOF OKUI ESI | 1831 (A 188) | | | |
| 2. Principal Pla | ce of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | ••• | 10232006 | REIN-P CR | 2E098 (11/05) | | | | |
| City & State | | City & State | | 4. FEI Num 33-10 | ber 10508 | ⊢ | plied For t Applicable | | | |
| Zip | Country | Zip | Country | 5. Certifica | te of Status Desired | \$8.75 Add Fee Require | | | | |
| | 6. Name and Address of Current | Registered Agent | Name | 7. Name ar | d Address of New Register | ed Agent | | | | |
| BARBER, GARY 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | City | | | Zip Code | | | | |
| | named entity submits this statement fo | r the purpose of changing its | registered office o | r registered agent, or b | | _ | and accept | | | |
| SIGNATURE_ | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | E: Registered Agent sign | ature required when reinslatin | ng) DA | ι Σ Ε | | | | |
| i | E NOW!!! FEE IS \$150.00 uary 1, 2007, Fee will be \$300.0 | | In accordance with s. corporation did not rec | | | | | | | |
| 10. | OFFICERS AND | | 11. | ADDITION | S/CHANGES TO OFFICERS | AND DIRECTOR | S IN 11 | | | |
| TITLE | D | Delete | TITLE | D | | ☐ Change | Addition | | | |
| name Street address City-St-Zip | KRAYER, ANTHONY 3501 JOHNSON STREET HOLLYWOOD, FL 33021 | | NAME STREET ADDRESS CITY-ST-ZIP | KERZNER, JA 3702 Washin Hollywood, | ngton St., Suit | e 403 | | | | |
| TITLE | D | Delete | TITLE | В | | Change | Addition | | | |
| NAME STREET ADDRESS | DADOED CADV | - Delete | 111145 | D DODEDEC M | CITATI | | ~~ | | | |
| CITY-ST-ZIP | BARBER, GARY 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 | ■ Dente | name Street address City-St-Zip | ROBERTS, MI | Blvd., Suite 2 | 00 | | | | |
| TITLE | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP | □ Delete | STREET ADDRESS CITY-ST-ZIP | ROBERTS, M. 9050 Pines Pembroke P. DT | Blvd., Suite 2 ines, FL 33024 | 00 | Addition | | | |
| | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 | | STREET ADDRESS Caty-St-Zip | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. 04000 Holly | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui | Change | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. (4000 Hollywood, Ass/t T | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 | Change | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 | □ Delete □ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. (4000 Hollywood, Hollywood, Ass/t T WHEATLEY, 3501 Johns | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 WILLIAM: on Street | Change | ★★Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUIT HOLLYWOOD, FL 33021 SD | □ Delete □ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. 64000 Hollywhollywood, Ass/t T WHEATLEY, 3501 Johnshollywood, D/ass't S | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 WILLIAMS on Street FL 33021 | Change | ★★Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUIT HOLLYWOOD, FL 33021 | □ Delete □ Delete □ Delete □ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. 4000 Hollywood, Ass/t T WHEATLEY, 3501 Johns Hollywood, | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 WILLIAM: on Street FL 33021 PHANIE | Change Change | Addition : | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUIT HOLLYWOOD, FL 33021 SD HEROLD, FRED 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 | Delete Delete Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. 64000 Hollywood, Ass't T WHEATLEY, 3501 Johns Hollywood, D/ass't S MAPES, STE One Church Burlington | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 WILLIAM: on Street FL 33021 PHANIE Street | Change Change Change | Addition Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUIT HOLLYWOOD, FL 33021 SD HEROLD, FRED 1150 NORTH 35TH AVENUE | □ Delete □ Delete □ Delete □ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. (4000 Hollywood, Hollywood, Ass/t T WHEATLEY, 3501 Johnshollywood, D/ass't S MAPES, STE One Church | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 WILLIAMS on Street FL 33021 PHANIE Street , VT 05402 | Change Change | Addition : | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUIT HOLLYWOOD, FL 33021 SD HEROLD, FRED 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DVP | Delete Delete Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. 64000 Hollywood, Hollywood, Ass/t T WHEATLEY, 3501 Johns Hollywood, D/ass't S MAPES, STE One Church Burlington D REINER, RI 111 North | Blvd., Suite 2 ines, FL 33024 GERALD wood Blvd., Sui FL 33021 WILLIAMS on Street FL 33021 PHANIE Street , VT 05402 | Change Change Change | Addition Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor | 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUIT HOLLYWOOD, FL 33021 SD HEROLD, FRED 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021 DVP BIRKEN, GARY 1150 NORTH 35TH AVENUE | Delete Delete Delete Delete Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS CITY-ST-ZIP | ROBERTS, M. 9050 Pines Pembroke P. DT REISS, A. 64000 Hollywood, Ass't T WHEATLEY, 3501 Johnso Hollywood, D/ass't S MAPES, STE One Church Burlington D REINER, RI 111 North Winter Par contained in Chapter 1 nave the same legal efficiency. | Blvd., Suite 2 ines, FL 33024 GERALD Wood Blvd., Sui FL 33021 WILLIAM On Street FL 33021 PHANIE Street , VT 05402 CHARD Orlando Ave. k, FL 32789 19. Florida Statutes. I further cet as if made under oath; th | Change Change Change Change | Addition Addition Addition | | | |

2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | KEINSTA | IEMENI | | , | , | | | | | |
|--|-------------------------------|---|--|------------------------|--|---------------|---------------------------------|---------------------------------------|----------------|----------------------------------|---------------------------|
| DOCUMENT # F02000003450 | | | | 100 | | | | | | | |
| 1. Entity Name PHYSICIANS PROFESSIONAL LIABILITY RISK RETENTION GROUP, INC. | | | | | | | | | | | |
| Principal Place | of Business | · | Mailing Address | • | <u> </u> | | | | | | |
| 76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401 Walling Address 76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401 | | | | | 1 14 4 14 14 14 14 14 14 14 14 14 14 14 14 14 | | 1 25 (7) 25(8) 11 | 174 - 18 18 187 - 278 1 - 278 | 1831 N. svas | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 10232006 | REIN-P | CR2E0 | 98 (11/05) | | |
| City & State | • | | City & State | | _ | | 4. FEI Numbe 33-101(| | | | plied For t Applicable |
| Zip | | Country | Zip | Coun | itry | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| | 6. Name | and Address of Current I | Registered Agent | | | | 7. Name and | Address of New R | egistered / | gent | |
| D40050 / | 0.45)/ | | | | Name | | | | | | |
| BARBER, 0 1011 NOR HOLLYWO | TH 35TH | | | | Street Ad | ldress (f | O. Box Numbe | r is Not Acceptable | e) | | |
| 1100011110 | ,,,,,, | 33021 | | | | | <u> </u> | | · · · | | |
| | | | | | City | | | | FL | Zip Code | |
| | named entit ions of regist | | the purpose of changing its | s register | ed office or | register | ed agent, or bot | h, in the State of Flo | orida. I am I | familiar with, | and accept |
| SIGNATURE_ | Signature, typed | for printed name of registered agent a | and title if applicable. (NO | TE: Register | ed Agent signat | ture requin | ed when reinstating) | - | DATE | | |
| | | | | | | | <u> </u> | | | | |
| | | FEE IS \$150.00 107, Fee will be \$300.0 | o | | | | | In accordance v corporation did | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 |
| TITLE | D | | 🖪 Delete | TITL | - 1 | D | | | | ☐ Change | Addition |
| NAME Street address | | , ANTHONY INSON STREET | | NAM | ET ADDRESS | | STER, JUA | | | | |
| CITY-ST-ZIP | | OOD, FL 33021 | | | -ST-ZIP | | | ood Blvd. FL 33021 | | | |
| TITLE | D | | Delete | TITL | Ε | | , wood; | 12 33021 | | ☐ Change | Addition |
| NAME | BARBER | • | | NAM | | | | | | | j |
| STREET ADDRESS CITY-ST-ZIP | | RTH 35TH AVENUE OOD, FL 33021 | | | ET ADDRESS -ST-ZIP | | | | | | ļ |
| TITLE | DP | | ☐ Delete | TITL | | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | REICH, A | NLAN RTH 35TH AVENUE | | MAM | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | OOD, FL 33021 | | | -ST-ZIP | | | | | | i |
| TITLE | DT | | Delete | TITL | E | | | | | Change | Addition |
| NAME | 1 | HAL, ALFRED | T.D. | NAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ERIDAN STREET, SUIT /OOD, FL 33021 | EU | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | SD | • | ☐ Delete | TITL | E | | | | | ☐ Change | Addition |
| NAME | HEROLD | | | NAM | ·- I | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | RTH 35TH AVENUE /OOD, FL 33021 | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | DVP | | ☐ Delete | TITL | £ | | | . | | ☐ Change | Addition |
| NAME | BIRKEN, | GARY | | NAM | IE | | | | | | |
| STREET ADDRESS | | RTH 35TH AVENUE | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | 1 | OOD, FL 33021 | this filing does not qualify t | | emptions co | ntained | in Chapter 110 | Florida Statutor 1 | further cert | ity that the in | nformation |
| indicated of the co | d on this reportion or | ort or supplemental report is the receiver or trustee empi | s true and accurate and that owered to execute this repor | my signa t as requi | ture shall ha | eve the | same legal effec | t as if made under | oath; that I a | am an officer | or director |
| changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Displime Prione # | | | | | | | | | | | |
| L | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | |