

# 2006.FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 27 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10232006 REIN-P CR2E098 (11/05)

4. FEI Number  
33-1010508

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BARBER, GARY  
1011 NORTH 35TH AVENUE  
HOLLYWOOD, FL 33021

## 7. Name and Address of New Registered Agent

Name HEDA, Jack  
Street Address (P.O. Box Number is Not Acceptable)  
1851 NW 125th Avenue, Suite 339  
City Pembroke Pines FL 33028

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 January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAYER, ANTHONY	
STREET ADDRESS	3501 JOHNSON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, GARY	
STREET ADDRESS	1011 NORTH 35TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REICH, ALAN	
STREET ADDRESS	1150 NORTH 35TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, ALFRED	
STREET ADDRESS	4050 SHERIDAN STREET, SUITE D	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEROLD, FRED	
STREET ADDRESS	1150 NORTH 35TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BIRKEN, GARY	
STREET ADDRESS	1150 NORTH 35TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/ass't S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY, PETER	
STREET ADDRESS	76 St. Paul Street, Suite 500	
CITY-ST-ZIP	Burlington, VT 05401	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACK, PETER	
STREET ADDRESS	76 St. Paul Street, Suite 500	
CITY-ST-ZIP	Burlington, VT 05401	
TITLE	V/ass't S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, NANCY	
STREET ADDRESS	76 St. Paul Street, Suite 500	
CITY-ST-ZIP	Burlington, VT 05401	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPADAKIS, JOHN	
STREET ADDRESS	10400 NW 18th Manor	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEROLD, FRED	
STREET ADDRESS	3501 N Commerce Parkway	
CITY-ST-ZIP	Miramar, FL 33025	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEDA, JACK	
STREET ADDRESS	1851 NW 125th Ave, Suite 339	
CITY-ST-ZIP	Pembroke Pines, FL 33028	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Mack

11/20/06


802-862-4400

Date

Daytime Phone #


2 of 3

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F02000003450</b>					
<b>1. Entity Name</b> PHYSICIANS PROFESSIONAL LIABILITY RISK RETENTION GROUP, INC.					
<b>Principal Place of Business</b> 76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401			<b>Mailing Address</b> 76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 33-1010508	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BARBER, GARY 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> KRAYE, ANTHONY <b>STREET ADDRESS</b> 3501 JOHNSON STREET <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> KERZNER, JAY <b>STREET ADDRESS</b> 3702 Washington St., Suite 403 <b>CITY-ST-ZIP</b> Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BARBER, GARY <b>STREET ADDRESS</b> 1011 NORTH 35TH AVENUE <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ROBERTS, MICHAEL <b>STREET ADDRESS</b> 9050 Pines Blvd., Suite 200 <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> REICH, ALAN <b>STREET ADDRESS</b> 1150 NORTH 35TH AVENUE <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> REISS, A. GERALD <b>STREET ADDRESS</b> 4000 Hollywood Blvd., Suite 215S <b>CITY-ST-ZIP</b> Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> ROSENTHAL, ALFRED <b>STREET ADDRESS</b> 4050 SHERIDAN STREET, SUITE D <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Ass't T <b>NAME</b> WHEATLEY, WILLIAM <b>STREET ADDRESS</b> 3501 Johnson Street <b>CITY-ST-ZIP</b> Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> HEROLD, FRED <b>STREET ADDRESS</b> 1150 NORTH 35TH AVENUE <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		<b>TITLE</b> D/ass't S <b>NAME</b> MAPES, STEPHANIE <b>STREET ADDRESS</b> One Church Street <b>CITY-ST-ZIP</b> Burlington, VT 05402	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> BIRKEN, GARY <b>STREET ADDRESS</b> 1150 NORTH 35TH AVENUE <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> REINER, RICHARD <b>STREET ADDRESS</b> 111 North Orlando Ave. <b>CITY-ST-ZIP</b> Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> _____ <b>Date</b> _____ <b>Daytime Phone #</b> _____					

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

3 of 3

<b>DOCUMENT # F02000003450</b> 1. Entity Name <b>PHYSICIANS PROFESSIONAL LIABILITY RISK RETENTION GROUP, INC.</b>					
Principal Place of Business <b>76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401</b>			Mailing Address <b>76 ST. PAUL STREET STE. 500 BURLINGTON, VT 05401</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-1010508</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARBER, GARY 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KRAYER, ANTHONY 3501 JOHNSON STREET HOLLYWOOD, FL 33021</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WESTER, JUAN S.A. 5015 Hollywood Blvd. Hollywood, FL 33021</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARBER, GARY 1011 NORTH 35TH AVENUE HOLLYWOOD, FL 33021</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP REICH, ALAN 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT ROSENTHAL, ALFRED 4050 SHERIDAN STREET, SUITE D HOLLYWOOD, FL 33021</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HEROLD, FRED 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP BIRKEN, GARY 1150 NORTH 35TH AVENUE HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					