

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003450

1. Entity Name
**PHYSICIANS PROFESSIONAL LIABILITY RISK
RETENTION GROUP, INC.**



Principal Place of Business
**76 ST. PAUL STREET STE. 500
BURLINGTON, VT 05401**

Mailing Address
**76 ST. PAUL STREET STE. 500
BURLINGTON, VT 05401**



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1010508	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

**HEDA, JACK
1851 NW 125TH AVENUE
SUITE 339
PEMBROKE PINES, FL 33028**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	VAS
NAME	JOY, PETER
STREET ADDRESS	76 ST. PAUL STREET STE. 500
CITY- ST- ZIP	BURLINGTON, VT 05401
TITLE	V
NAME	MACK, PETER
STREET ADDRESS	76 ST. PAUL STREET STE. 500
CITY- ST- ZIP	BURLINGTON, VT 05401
TITLE	DP
NAME	REICH, ALAN
STREET ADDRESS	1150 NORTH 35TH AVENUE
CITY- ST- ZIP	HOLLYWOOD, FL 33021
TITLE	VAS
NAME	GRAY, NANCY
STREET ADDRESS	76 ST. PAUL STREET STE. 500
CITY- ST- ZIP	BURLINGTON, VT 05401
TITLE	DS
NAME	HEROLD, FRED
STREET ADDRESS	1150 NORTH 35TH AVENUE
CITY- ST- ZIP	HOLLYWOOD, FL 33021
TITLE	DVP
NAME	BIRKEN, GARY
STREET ADDRESS	1150 NORTH 35TH AVENUE
CITY- ST- ZIP	HOLLYWOOD, FL 33021

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07/11/07-80006-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Peter J. Mack
Date: **July 10, 2007** Daytime Phone #: **802-264-4580**