

F06000006374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

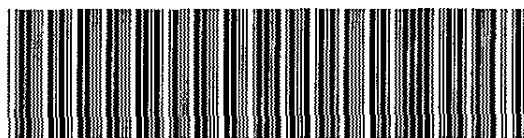
(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 OCT -31 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 6-2006

* Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.
Thank you!

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 OCT -6 PM 12:30

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Physicians Indemnity Risk Retention Group, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

PLS. call

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

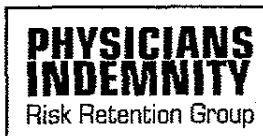
OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials



1095 Jupiter Park Drive, Suite 7 • Jupiter, FL 33458
Phone 561.697-0879 • 800.941-4452 • Fax 561.575-2405

September 6th, 2006

By Hand Delivery

Amendment Section
Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Dissolution of Physicians Indemnity Risk Retention Group, Inc.
Document Number P05000098746

Dear Sir or Madam:

I am a Director of Physicians Indemnity Risk Retention Group, Inc., a Florida for profit corporation. Enclosed with this letter are Articles of Dissolution for that corporation. In my capacity as Director, I am authorized to state that the Dissolution of Physicians Indemnity Risk Retention Group, Inc. will not be revoked once such dissolution becomes effective.

If there are any further requirements on our part at this time, please advise.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark H. Dorfman". The signature is stylized with a large, sweeping "M" and a long horizontal stroke extending to the right.

Mark H. Dorfman
Director



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2006

MARK H. DORFMAN
10404 CARMEN LANE
ROYAL PALM BEACH, FL 33411

SUBJECT: PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.
Ref. Number: W06000043638

We have received your document for PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A photocopy of the certificate of existence is not acceptable.

The date of incorporation on your application (#7), and the date of incorporation on the certificate must match.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 206A00058876

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Physicians Indemnity Risk Retention Group, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada

(State or country under the law of which it is incorporated)

3. 20-5245060

(FEI number, if applicable)

4. July 7, 2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Date of Registration

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3773 Howard Hughes Parkway, 3rd Flr. S., Las Vegas, NV 89109

(Principal office address)

3773 Howard Hughes Parkway, 3rd Flr. S., Las Vegas, NV 89109

(Current mailing address)

8. Insurance and all other lawful purposes

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Mark H. Dorfman**

Office Address: **10404 Carmen Lane**

Royal Palm Beach

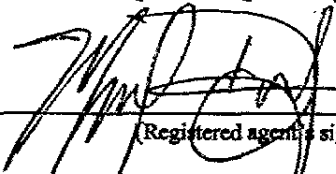
(City)

, Florida **33411**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT -3, PM 4:17

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Dr. Raghavendra Vijayanager

Address: 278 S. Moon Avenue
Brandon, FL 33511

Vice Chairman: Dr. Rudrama Pagidipati

Address: 2955 S.E. 3rd Court
Ocala, FL 33471

Director: Dr. Kriston Kent

Address: 1660 Medical Blvd., Suite 100
Naples, FL 34110

Director: Dr. Rajankumar Naik

Address: 1100 S. Fort Harrison Avenue
Clearwater, FL 33755

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. OFFICERS

President: Dr. Kriston Kent

Address: 6371 Hunters Run Road
Naples, FL 34109

Vice President: Dr. Raghavendra Vijayanager

Address: 4953 Bay Way Drive
Tampa, FL 33629

Secretary: Dr. Rudrama Pagidipati

Address: 2955 SE 3rd Court, Ocala, FL 34471

Treasurer: Dr. Rajankumar Naik

Address: 407 St. Andrews Drive, Belleair, FL 33756

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

Kriston J. Kent, M.D., President, Director

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



2006 OCT 11 - 3:13 PM - 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 7, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 6, 2006.



Dean Heller

DEAN HELLER
Secretary of State

By *Janet Carson*
Certification Clerk