

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000006374

1. Entity Name
PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 12 AM 10:51

Principal Place of Business
3773 HOWARD HUGHES PKWY 3RD FLOOR S
LAS VEGAS, NV 89109

Mailing Address
3773 HOWARD HUGHES PKWY 3RD FLOOR S
LAS VEGAS, NV 89109



10082007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #
770 Pilot Road
Suite, Apt. #, etc.
Suite 6
City & State
Las Vegas, NV
Zip
89119 Country

3. Mailing Address
770 Pilot Road
Suite, Apt. #, etc.
Suite 1
City & State
Las Vegas, NV
Zip
89119 Country

4. FEI Number
20-5245060

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DORFMAN, MARK H
10404 CARMEN LANE
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

(Print name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

10/9/07

FILE NOW! FEE IS \$150.00
After January 1, 2008, 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	CV	<input type="checkbox"/> Delete
NAME	VIJAYANAGER, RAGHAVENDRA DR	
STREET ADDRESS	278 S MOON AVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VCS	<input type="checkbox"/> Delete
NAME	PAGIDIPATI, RUDRAMMA DR	
STREET ADDRESS	2955 S.E. 3RD COURT	
CITY-ST-ZIP	OCALA, FL 33471	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KENT, KRISTON DR	
STREET ADDRESS	6371 HUNTERS RUN ROAD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NAIK, RAJANKUMAR	
STREET ADDRESS	407 ST ANDREWS DRIVE	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/12/07--01053--017 **150.00

REINSTATEMENT

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

10/9/07

Date

(127)442-3126

Daytime Phone