

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90019 031 ***150.00

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



Principal Place of Business
**770 PILOT ROAD, STE I
LAS VEGAS, NV 89119**

Mailing Address
**770 PILOT ROAD, STE I
LAS VEGAS, NV 89119**

40029144



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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~~
Risk Management Center, Inc
2300 Palm Beach Lakes Blvd, Suite 304
West Palm Beach, FL 33409

**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]
Signature of registered agent or registered agent and title if applicable.

General Manager

(NOTE: Registered Agent signature required when reinstating)

2/11/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CV
NAME	VIJAYANAGER, RAGHAVENDRA DR.
STREET ADDRESS	278 S MOON AVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VCS
NAME	PAGIDIPATI, RUDRAMA DR
STREET ADDRESS	2955 S.E. 3RD COURT
CITY-ST-ZIP	OCALA, FL 33471
TITLE	DP
NAME	KENT, KRISTON DR
STREET ADDRESS	6371 HUNTERS RUN ROAD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DT
NAME	NAIK, RAJANKUMAR
STREET ADDRESS	407 ST ANDREWS DRIVE
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

RAS NAIK

2/11/08

(561) 246-9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #