

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006374

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** PHYSICIANS INDEMNITY RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

770 PILOT ROAD, STE I  
LAS VEGAS, NV 89119

**New Principal Place of Business:**

2247 PALM BEACH LAKES BLVD.  
106  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

770 PILOT ROAD, STE I  
LAS VEGAS, NV 89119

**New Mailing Address:**

2247 PALM BEACH LAKES BLVD.  
106  
WEST PALM BEACH, FL 33409

**FEI Number:** 20-5245060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RISK MANAGEMENT CENTER, INC  
2300 PALM BEACH LAKES BLVD, SUITE 304  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

YOUR CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
1  
TALLAHASSEE, FL 32301 US

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.

**SIGNATURE:** BARBARA NEELEY

03/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CV  
**Name:** VIJAYANAGER, RAGHAVENDRA DR  
**Address:** 278 S MOON AVE  
**City-St-Zip:** BRANDON, FL 33511

**Title:** VCS  
**Name:** PAGIDIPATI, RUDRAMA DR  
**Address:** 2955 S.E. 3RD COURT  
**City-St-Zip:** OCALA, FL 33471

**Title:** DP  
**Name:** KENT, KRISTON DR  
**Address:** 6371 HUNTERS RUN ROAD  
**City-St-Zip:** NAPLES, FL 34109

**Title:** DT  
**Name:** NAIK, RAJANKUMAR DR  
**Address:** 407 ST ANDREWS DRIVE  
**City-St-Zip:** BELLEAIR, FL 33756

**Title:** D  
**Name:** CLINE, ROBERT DR  
**Address:** 5601 N. DIXIE HIGHWAY, SUITE 209  
**City-St-Zip:** FT. LAUDERDALE, FL 33334

**Title:** D  
**Name:** HALL, TED  
**Address:** 770 PILOT ROAD, SUITE1  
**City-St-Zip:** LAS VEGAS, NV 89119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TED HALL

D

03/02/2010

Electronic Signature of Signing Officer or Director

Date

**Attachment to 2010 Annual Report for  
Physicians Indemnity Risk Retention Group, Inc.**

**Document No.: F06000006374**

Directors and Officers:

Dr. Raghavendra Vijayanager, Vice Chairman  
278 S. Moon Ave.  
Brandon, FL 33511

Dr. Rudrama Pagidipati, Vice Chairman  
295 S.E. 3<sup>rd</sup> Court  
Ocala, FL 33471

Dr. Kriston Kent, Director, President  
6371 Hunters Run Road  
Naples, FL 34109

Dr. Rajankumar Naik, Director, Treasurer  
407 St. Andrews Drive  
Belleair, FL 33756

Dr. Robert Cline, Director, Vice President  
5601 N. Dixie Highway, Suite 209  
Ft. Lauderdale, FL 33334

Dr. David Becker, Secretary  
508 Jeffords Street, Suite D  
Clearwater, FL 33756

Dr. Narayana Rattehalli  
14100 Fivary Road, Suite 330  
Hudson, FL 34667

Dr. David Holcomb  
1 South School Avenue, Suite 800  
Sarasota, FL 34237

Dr. Nick Shah  
345 Bayshore Boulevard, Suite 502  
Tampa, FL 33606