

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002956

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PHYSICIANS STRATEGIC PROTECTION INDEMNITY LTD. CORP.

## Current Principal Place of Business:

C/O VENTURE CAPTIVE MANAGEMENT,LLC  
3740 DAVINCI COURT, STE 130  
NORCROSS, GA 30092

## New Principal Place of Business:

C/O TRADEWINDS INSURANCE MANAGEMENT GROUP  
UPPER FLOOR (EAST WING)BEATRICE BUTTERFIEL  
PROVODENCIALES, TC BWI TC

## Current Mailing Address:

C/O VENTURE CAPTIVE MANAGEMENT,LLC  
3740 DAVINCI COURT, STE 130  
NORCROSS, GA 30092

## New Mailing Address:

FEI Number: 98-0573919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRONSTEIN, JOEL D  
150 2ND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: SALTIEL, ALBERT  
Address: 880 - 6TH ST. S., STE 370  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: CRAIG, SHARI  
Address: 1033 DR MARTIN LUTHER KING JR ST N STE 108  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: POTTHAST, JOSEPH  
Address: 1033 DR MARTIN LUTHER KING JR ST N STE 108  
City-St-Zip: ST PETERSBURG, FL 33701

Title: P ( ) Delete  
Name: KARTHA, VYAS  
Address: 1033 DR MARTIN LUTHER KING JR ST N STE 108  
City-St-Zip: ST PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARI CRAIG

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date