

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002956

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** PHYSICIANS STRATEGIC PROTECTION INDEMNITY LTD. CORP.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O ABERDEEN INSURANCE MANAGERS  
BEIT MARHUBAR, ROYALE GLEN TURK DRIVE  
GRAND TURK, TC BWI TC

**Current Mailing Address:**

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

**New Mailing Address:**

1635 N. GREENFIELD ROAD  
SUITE 115  
MESA, AZ 85205

**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  
Name: SALTIEL, ALBERT  
Address: 880 - 6TH ST. S., STE 370  
City-St-Zip: ST PETERSBURG, FL 33701

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

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

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

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: SHARI L. CRAIG

D

04/23/2010

Electronic Signature of Signing Officer or Director

Date