

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002956

FILED
Jan 24, 2011
Secretary of State

Entity Name: PHYSICIANS STRATEGIC PROTECTION INDEMNITY LTD. CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1635 N. GREENFIELD ROAD
SUITE 115
MESA, AZ 85205

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

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 L
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

01/24/2011

Electronic Signature of Signing Officer or Director

Date