

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030246

FILED
Apr 15, 2009
Secretary of State

Entity Name: PHYSICIANS PREFERRED INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

9310 OLD KINGS RD S, SUITE 702
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9310 OLD KINGS RD S, SUITE 702
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 27-0087256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSHONG, ZACHORY R
9310 OLD KINGS RD S, SUITE 702
JACKSONVILLE, FL 32257 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOROVITZ, ELLIOTT
Address: 9310 OLD KINGS RD S, SUITE 702
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: BUSHONG, ZACHORY R
Address: 9310 OLD KINGS RD S, SUITE 702
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELLIOTT HOROVITZ

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date