

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 24, 2007
Secretary of State**

DOCUMENT# L05000090194

Entity Name: PHYSICIAN PROTECT THYSELF, LLC

Current Principal Place of Business:

New Principal Place of Business:

9100 COLLEGE POINTE COURT
FORT MYERS, FL 33919

Current Mailing Address:

New Mailing Address:

9100 COLLEGE POINTE COURT
FORT MYERS, FL 33919

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HERSCH, CRAIG R
9100 COLLEGE POINTE COURT
FORT MYERS, FL 33919 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: HERSCH, CRAIG R
Address: 9100 COLLEGE POINTE COURT
City-St-Zip: FORT MYERS, FL 33919

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG R. HERSCH MGRM 04/24/2007

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