



2009 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | |
|--|---------|--|---------|
| DOCUMENT # L07000106888 1. Entity Name PHYSICIAN PROTECTION, LLC | |  | |
| Principal Place of Business 10575 68TH AVENUE NORTH SUITE B-3 SEMINOLE, FL 33772 | | Mailing Address 10575 68TH AVENUE NORTH SUITE B-3 SEMINOLE, FL 33772 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED

2009 MAR 24 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03202009 REIN-LLC CR2E101 (1/07)

| | |
|---|--|
| 4. FEI Number 208422248 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GRAHAM, PAUL C 10575 68TH AVENUE NORTH SUITE B-3 SEMINOLE, FL 33772 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Graham* 3/20/09 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| | | |
|------------------------------------|--|--|
| FILE NOW!!! FEE IS \$377.50 | | Make check payable to Florida Department of State |
|------------------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|---|-----------------------|---|
| TITLE | MGR GRAHAM, PAUL C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1 KEY CAPRI DR #113W | NAME | 800147190018 |
| STREET ADDRESS | TREASURE ISLAND, FL 33706 | STREET ADDRESS | 03/24/09--01031--011 **377.50 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REINSTATEMENT | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Paul Graham* 3/20/09 904-200-1232 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE