

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106888

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIAN PROTECTION, LLC

**Current Principal Place of Business:**

12800 INDIAN ROCKS RD.  
STE. 2-B  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

12800 INDIAN ROCKS RD.  
STE. 2-B  
LARGO, FL 33774

**New Mailing Address:**

**FEI Number:** 20-8422248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRAHAM, PAUL C  
12800 INDIAN ROCKS RD  
STE 2-B  
LARGO, FL 33774 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:** MGR  
**Name:** GRAHAM, PAUL C  
**Address:** 1 KEY CAPRI DR #113W  
**City-St-Zip:** TREASURE ISLAND, FL 33706

I hereby 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:** PAUL GRAHAM

MGR

02/05/2011

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