2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000102932

Entity Name: SOUTHWEST FLORIDA PHYSICIANS RISK PURCHASING GROUP, LLC

Current Principal Place of Business:

120-53RD AVE. W .
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

120-53RD AVE. W .
BRADENTON, FL 34207

New Mailing Address:

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

Name and Address of Current Registered Agent:

FOWINKLE, ROBERT W III
120 - 53RD AVE. W.
BRADENTON, FL 34207 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 ( ) Delete
Name: FOWINKLE, ROBERT W III
Address: 120 - 53RD AVE. W.
City-St-Zip: BRADENTON, FL 34207

Title: MGR ( ) Delete
Name: ANDERSON, LORI L
Address: 120 - 53RD AVE. W.
City-St-Zip: BRADENTON, FL 34207

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: ROBERT W. FOWINKLE III MGR 04/28/2009

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