2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001988

Entity Name: DOCTORS' DEFENSE FUND, LLC

FILED Mar 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7800 N. UNIVERSITY DR #200 7225 N. UNIVERSITY DR #102 TAMARAC, FL 33321

TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

7800 N. UNIVERSITY DR #200 7225 N. UNIVERSITY DRIVE #102

TAMARAC, FL 33321 TAMARAC, FL 33321

FEI Number: 36-4532575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTIN LESSER, M.D. MARTIN LESSER, M.D. 7800 N. UNIVERSITY DR #200 7225 N. UNIVERSITY DR #102 TAMARAC, FL 33321 TAMARAC, FL 33321

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: 03/04/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition LESSER, MARTIN M.D. Name: Name: LESSER, MARTIN M.D.

Address: 7800 N. UNIVERSITY DR #200 Address: 7225 N. UNIVERSITY DR #102 City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: MGR () Delete Title: () Change () Addition

Name: SCHWARTZ, ALAN M.D. Name: Address: 8393 W. OAKLAND PARK BLVD. Address: City-St-Zip: SUNRISE, FL 33351 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 Statutés. 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: MARTIN LESSER 03/04/2007