

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000078332

1. Entity Name
PHYSICIANS PROTECTION GROUP, INC.



Principal Place of Business
**2963 GULF TO BAY BLVD
SUITE 330
CLEARWATER, FL 33759**

Mailing Address
**2963 GULF TO BAY BLVD
SUITE 330
CLEARWATER, FL 33759**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BECHTEL, KEVIN H
2963 GULF TO BAY BLVD
SUITE 330
CLEARWATER, FL 33759**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and this if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000493917
04/20/06-80024-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BECHTEL, KEVIN H**
STREET ADDRESS **2963 GULF TO BAY BLVD SUITE 330**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #