

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90482 013 ***150.00

DOCUMENT # P98000035252

1. Entity Name
PHYSICIANS PROTECTOR PLAN RPG, INC.



Principal Place of Business
401 E. JACKSON ST., SUITE 1700
TAMPA, FL 33602

Mailing Address
PO BOX 1348
TAMPA, FL 33601

94066138



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3520074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAMMIG, LAUREL
401 E. JACKSON ST., SUITE 1700
TAMPA, FL 33602

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MELODEE, DIXON
STREET ADDRESS	401 E. JACKSON ST., SUITE 1700
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VPT
NAME	WRIGHT, SANDRA
STREET ADDRESS	401 E. JACKSON ST., STE. 1700
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	VPS
NAME	GRAMMIG, LAUREL L
STREET ADDRESS	401 E. JACKSON ST., STE. 1700
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Melodee S. Dixon **MELODEE S. DIXON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2004
Date

813-222-4232
Daytime Phone #