## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000035252

Entity Name: PHYSICIANS PROTECTOR PLAN RPG, INC.

FILED Mar 28, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

401 E. JACKSON ST., SUITE 1700 3101 W. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33602

SUITE 200

TAMPA, FL 33607

**Current Mailing Address: New Mailing Address:** 

3101 W. MARTIN LUTHER KING JR. BLVD. PO BOX 1348 TAMPA, FL 33601

SUITE 200

TAMPA, FL 33607

FEI Number: 59-3520074 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:

GRAMMIG, LAUREL GRAMMIG, LAUREL L

3101 W. MARTIN LUTHER KING JR. BLVD. 401 E. JACKSON ST., SUITE 1700 TAMPA, FL 33602

SUITE 200 TAMPA, FL 33607 US

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: LAUREL L. GRAMMIG 03/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

MELODEE, DIXON LINDA, DOWNS Name: Name:

401 E. JACKSON ST., SUITE 1700 3101 W. MLK JR. BLVD., SUITE 400 Address: Address:

TAMPA, FL 33602 City-St-Zip: City-St-Zip: TAMPA, FL 33607

Title: **VPS** Title: **VPS** () Delete (X) Change ( ) Addition

Name: GRAMMIG, LAUREL L Name: GRAMMIG, LAUREL L

401 E. JACKSON ST., STE. 1700 3101 W. MLK JR. BLVD., SUITE 400 Address: Address:

TAMPA, FL 33602 TAMPA, FL 33607 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: ( ) Change (X) Addition TVP

Name: WRIGHT, SANDRA Name:

3101 W. MLK JR. BLVD., SUITE 400 Address Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG S 03/28/2006