

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106888

**Entity Name:** PHYSICIAN PROTECTION, LLC

**Current Principal Place of Business:**

241 E. CANTON AVENUE  
WINTER PARK, FL 32789

**Current Mailing Address:**

4941 LEDGEWOOD DR.  
COMMERCE , MI 48382 US

**FEI Number:** 20-8422248

**Certificate of Status Desired:** No

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

GRAHAM, PAUL C  
241 E. CANTON  
WINTER PARK, FL 32789 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRAHAM, PAUL C  
Address 241 E CANTON AVNEU  
City-State-Zip: WINNTER PARK FL 32789

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL GRAHAM

MEMBER

03/07/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date