

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106888

Entity Name: PHYSICIAN PROTECTION, LLC

Current Principal Place of Business:

1 KEY CAPRI DR
UNIT 113W
TREASURE ISLAND, FL 33706

Current Mailing Address:

1 KEY CAPRI DR
UNIT 113W
TREASURE ISLAND, FL 33706 US

FEI Number: 20-8422248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, PAUL C
1 KEY CAPRI DR
UNIT 113W
TREASURE ISLAND, FL 33706 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 1 KEY CAPRI DR #113W
City-State-Zip: TREASURE ISLAND FL 33706

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

PRESIDENT

03/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date