

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009742

Entity Name: PRACTICEPROTECTION INSURANCE SERVICES, LLC

Current Principal Place of Business:

106 JULINGTON DR, STE 5
SAINT JOHNS, FL 32259

Current Mailing Address:

P.O. BOX 600832
JACKSONVILLE, FL 32260 US

FEI Number: 35-2598742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, MICHAEL J
780 E DORCHESTER DR.
SAINT JOHNS, FL 32259 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 STETZEL, ERIC J
Address 3202 STERLING RIDGE COVE
City-State-Zip: FORT WAYNE IN 46825

Title MGR
Name WALLACE, MICHAEL J
Address 780 E DORCHESTER DR.
City-State-Zip: SAINT JOHNS FL 32259

Title MGR
Name SMITH, MICHAEL T
Address 965 FAWN VIEW DR.
City-State-Zip: CARMEL IN 46032

Title MGR
Name BROWN, CORY E
Address 10500 FORE DR.
City-State-Zip: TAMPA FL 33612

Title MGR
Name STETZEL, MARK
Address 4321 WOODBRIAR PASS
City-State-Zip: FORT WAYNE IN 46835

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: MICHAEL J WALLACE

MGR

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date