

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003063

FILED
Apr 11, 2009
Secretary of State

Entity Name: SCRUBS MUTUAL ASSURANCE COMPANY RISK RETENTION GROUP

Current Principal Place of Business:

6859 SOUTHEASTERN AVENUE
SUITE 104
LAS VEGAS, NV 89119

New Principal Place of Business:

7251 WEST LAKE MEAD BLVD.
SUITE 401
LAS VEGAS, NV 89128

Current Mailing Address:

6859 SOUTHEASTERN AVENUE
SUITE 104
LAS VEGAS, NV 89119

New Mailing Address:

7251 WEST LAKE MEAD BLVD.
SUITE 401
LAS VEGAS, NV 89128

FEI Number: 20-8993314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TOBEY E
212 SW 5TH STREET
UNIT 1
STUART, FL 34994 US

Name and Address of New Registered Agent:

WILLIAMS, TOBEY E
45 SW SEMINOLE ST.
#4
STUART, FL 34994 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:

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WILLIAMS, TOBEY E
Address: 212 SW 5TH STREET #1
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: SUSSMAN, ERNEST
Address: 9805 MOUNTAIN GROVE COURT
City-St-Zip: LAS VEGAS, NV 89134

Title: TD () Delete
Name: WILLIAMS, DARYL
Address: 201 EAST PINE STREET #701
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: WILLIAMS, TOBEY E MD
Address: 45 SW SEMINOLE ST., #4
City-St-Zip: STUART, FL 34994 US

Title: TD (X) Change () Addition
Name: SUSSMAN, ERNEST MD
Address: 9805 MOUNTAIN GROVE COURT
City-St-Zip: LAS VEGAS, NV 89134 US

Title: D (X) Change () Addition
Name: WILLIAMS, DARYL
Address: 200 EAST ROBINSON ST. SUITE 1180
City-St-Zip: ORLANDO, FL 32801 US

Title: CD () Change (X) Addition
Name: KAPOOR, DEEPAK A MD
Address: 532 BROADHOLLOW ROAD, SUITE 200
City-St-Zip: MELVILLE, NY 11747 US

Title: D () Change (X) Addition
Name: LATINO, KATHLEEN L MD
Address: 2 MEDICAL PARK DRIVE, SUITE 10
City-St-Zip: WEST NYACK, NY 10994 US

Title: VCD () Change (X) Addition
Name: OSHINSKY, GARY S MD
Address: 601 FRANKLIN AVE., SUITE 300
City-St-Zip: GARDEN CITY, NY 11530 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER J. PLUMPTON

AM

04/11/2009

Electronic Signature of Signing Officer or Director

Date