

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003063

FILED
Mar 15, 2011
Secretary of State

Entity Name: SCRUBS MUTUAL ASSURANCE COMPANY RISK RETENTION GROUP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
45 SW SEMINOLE ST.
#4
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VCD
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 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 all other like empowered.

SIGNATURE: ASHLEY LAMELL, MARSH MANAGEMENT SERVICES

AA

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date