

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003063

FILED  
Feb 26, 2012  
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:**

WILLIAMS, TOBEY E  
1045 SOUTHEAST OCEAN BLVD  
SUITE 5  
STUART, FL 34996 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: DR. TOBEY E. WILLIAMS

02/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: WILLIAMS, TOBEY E MD  
Address: 1045 SOUTHEAST OCEAN BLVD, SUITE 5  
City-St-Zip: STUART, FL 34996 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: TOBEY E. WILLIAMS

DR.

02/26/2012

Electronic Signature of Signing Officer or Director

Date