

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007372

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**9058771444CC**

**Entity Name:** ACADEMIC MEDICAL PROFESSIONALS INSURANCE RISK  
RETENTION GROUP, LLC

**Current Principal Place of Business:**

58 EAST VIEW LANE, SUITE 2  
BARRE, VT 05642

**Current Mailing Address:**

1605 MAIN STREET  
SUITE 800  
SARASOTA, FL 34236 US

**FEI Number:** 20-8595533

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FL CHIEF, FINANCIAL OFFICER  
FLOIR, 200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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:** FL CHIEF FINANCIAL OFFICER

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VP, SECRETARY
Name	LASTNER, MARK	Name	CAPONE, STEVEN
Address	77 GOODELL STREET SUITE 310	Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203	City-State-Zip:	BUFFALO NY 14203
Title	DIRECTOR, CHAIRMAN	Title	TREASURER
Name	MANYON, ANDREA MD	Name	LIPPER, CHARLES
Address	77 GOODELL STREET SUITE 310	Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203	City-State-Zip:	BUFFALO NY 14203
Title	DIRECTOR	Title	DIRECTOR
Name	ZENILMAN, MICHAEL E MD	Name	THAYER SCATES, JAMIE
Address	77 GOODELL STREET SUITE 310	Address	77 GOODELL STREET SUITE 310
City-State-Zip:	BUFFALO NY 14203	City-State-Zip:	BUFFALO NY 14203
Title	DIRECTOR	Title	RESIDENT DIRECTOR
Name	NICHOLS, DAVID	Name	BEVINS, STEVEN
Address	77 GOODELL STREET 310	Address	58 EAST VIEW LANE SUITE 2
City-State-Zip:	BUFFALO NY 74203	City-State-Zip:	BARRE VT 05642

*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:** MARK LASTNER

PRESIDENT

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date