

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007372

FILED
Apr 27, 2016
Secretary of State
CC3654021304

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

Current Principal Place of Business:

76 ST. PAUL STREET
SUITE 500
BURLINGTON, VT 05401

Current Mailing Address:

76 ST. PAUL STREET
SUITE 500
BURLINGTON, VT 05401

FEI Number: 20-8595533

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILCOX, JANET A
13901 SUTTON PARK DRIVE SOUTH
BLDG C, SUITE 360
JACKSONVILLE, FL 32224 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: JANET WILCOX

04/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COTTRELL, JAMES E M.D.
Address 1250 BROADWAY, SUITE 3401
City-State-Zip: NEW YORK NY 10001

Title MGR
Name QUIRK, JAMES G M.D.
Address 1250 BROADWAY, SUITE 3401
City-State-Zip: NEW YORK NY 10001

Title MGR
Name MORIARTY, KEVIN ESQ.
Address 199 MAIN STREET
City-State-Zip: BURLINGTON VT 05402

Title MGR
Name KERN, MARTIN
Address 1250 BROADWAY, SUITE 3401
City-State-Zip: NEW YORK NY 10001

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: JAMES COTTRELL

MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date