

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007372

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

FILED
Apr 17, 2024
Secretary of State
0325298204CC

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

04/17/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP, SECRETARY
Name	LASTNER, MARK	Name	BEATA, BIERNACKA
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	RESIDENT DIRECTOR	Title	DIRECTOR
Name	BEVINS, STEVEN	Name	IANNUZZI, MICHAEL
Address	58 EAST VIEW LANE SUITE 2	Address	77 GOODELL STREET SUITE 310 SUITE 800
City-State-Zip:	BARRE VT 05642	City-State-Zip:	BUFFALO NY 14203

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: CHARLES LIPPERT

TREASURER

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date