

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007372

FILED
Apr 24, 2019
Secretary of State
7876316375CC

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: No

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

04/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name LASTNER, MARK
Address 99 PARK AVENUE, 23RD FLOOR
City-State-Zip: NEW YORK NY 10016

Title SECRETARY, VP
Name CAPONE, STEVEN
Address 99 PARK AVENUE, 23RD FLOOR
City-State-Zip: NEW YORK NY 10016

Title MANAGER
Name CURTIS, JAY
Address 76 ST. PAUL ST, STE 500
City-State-Zip: BURLINGTON VT 05402

Title DIRECTOR
Name MANYON, ANDREA MD
Address 99 PARK AVENUE, 23RD FLOOR
City-State-Zip: NEW YORK NY 10016

Title TREASURER
Name CALACI, JEAN M
Address 99 PARK AVENUE, 23RD FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name ZENILMAN, MICHAEL E MD
Address 99 PARK AVENUE, 23RD FLOOR
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name THAYER SCATES, JAMIE
Address 99 PARK AVENUE, 23RD FLOOR
City-State-Zip: NEW YORK NY 10016

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

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date