

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007372

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**3474366911CC**

**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:**

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:**

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**

**04/26/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           PRESIDENT  
Name           LASTNER, MARK  
Address       77 GOODELL STREET  
                  SUITE 310  
City-State-Zip: BUFFALO NY 14203

Title           SECRETARY  
Name           CAPONE, STEVEN  
Address       77 GOODELL STREET  
                  SUITE 310  
City-State-Zip: BUFFALO NY 14203

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

Title           DIRECTOR, CHAIRMAN  
Name           MANYON, ANDREA MD  
Address       77 GOODELL STREET  
                  SUITE 310  
City-State-Zip: BUFFALO NY 14203

Title           TREASURER  
Name           BORRELL, DOUGLAS A  
Address       77 GOODELL STREET  
                  SUITE 310  
City-State-Zip: BUFFALO NY 14203

Title           DIRECTOR  
Name           ZENILMAN, MICHAEL E MD  
Address       77 GOODELL STREET  
                  SUITE 310  
City-State-Zip: BUFFALO NY 14203

Title           DIRECTOR  
Name           THAYER SCATES, JAMIE  
Address       77 GOODELL STREET  
                  SUITE 310  
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: MARK LASTNER**

**PRESIDENT**

**04/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date