

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007372

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

FILED
Mar 08, 2018
Secretary of State
CC7052715411

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

03/08/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHAIRMAN, DIRECTOR
Name COTTRELL, JAMES E M.D.
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 MGR
Name MOURELATOS, BILL
Address 76 ST. PAUL ST, STE 500
City-State-Zip: BURLINGTON VT 05402

Title PRESIDENT
Name BARDI, JOSEPH
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: JOSEPH BARDI

PRESIDENT

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date