

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003063

FILED
Jul 10, 2023
Secretary of State
4814622216CC

Entity Name: SCRUBS MUTUAL ASSURANCE COMPANY RISK RETENTION GROUP

Current Principal Place of Business:

3651 LINDELL ROAD
SUITE D1152
LAS VEGAS, NV 89103

Current Mailing Address:

3651 LINDELL ROAD
SUITE D1152
LAS VEGAS, NV 89103 US

FEI Number: 20-8993314

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TOBEY E
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401-2214 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: TOBEY WILLIAMS

07/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name WILLIAMS, TOBEY EMD DR.
Address 24 CASTLE HILL WAY
City-State-Zip: STUART FL 34996

Title TREASURER, DIRECTOR
Name SUSSMAN, ERNEST MD DR.
Address 9805 MOUNTAIN GROVE COURT
City-State-Zip: LAS VEGAS NV 89134

Title DIRECTOR
Name WILLIAMS, DARYL
Address 200 EAST ROBINSON ST. SUITE 1180
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN, DIRECTOR
Name KAPOOR, DEEPAK AMD
Address 532 BROADHOLLOW ROAD, SUITE 200
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name LATINO, KATHLEEN LMD DR.
Address 2 MEDICAL PARK DRIVE, SUITE 10
City-State-Zip: WEST NYACK NY 10994

Title DIRECTOR, VC
Name HARRIS, RICHARD G. DR.
Address 1885 WILMOT ROAD
City-State-Zip: BANNOCKBURN IL 60015

Title DIRECTOR
Name HARB, GUS
Address 3651 LINDELL ROAD
SUITE D1152
City-State-Zip: LAS VEGAS NV 89103

Title DIRECTOR
Name MENÉ, MATTHEW DR
Address 340 BROADHOLLOW ROAD
City-State-Zip: FARMINGDALE NY 11735

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOBEY WILLIAMS, MD

SECRETARY

07/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FELLNER, DANIEL
Address 3651 LINDELL ROAD
 SUITE D1152
City-State-Zip: LAS VEGAS NV 89103