

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003063

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC5334876831**

**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  
24 CASTLE HILL WAY  
STUART, FL 34996-6507 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:**

\_\_\_\_\_  
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  
Name SHELNUTT, JASON  
Address 1930 BRANNAN RD  
City-State-Zip: MCDONOUGH GA 30253

Title DIRECTOR  
Name LANTERI, VINCENT J. DR.  
Address 255 W. SPRING VALLEY AVE SUITE 101  
City-State-Zip: MAYWOOD NJ 07607

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

**Continues on page 2**

*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**

**03/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GERARDI, CARL DR.  
Address        944 NORTH BROADWAY  
City-State-Zip: YONKERS NY 10701

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