

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003063

FILED
Mar 20, 2018
Secretary of State
CC7034292945

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

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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

03/20/2018

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