

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003063

Entity Name: SCRUBS MUTUAL ASSURANCE COMPANY RISK RETENTION GROUP**FILED**
Jan 11, 2013
Secretary of State
CC2756629592**Current Principal Place of Business:**7251 WEST LAKE MEAD BLVD.
SUITE 401
LAS VEGAS, NV 89128**Current Mailing Address:**7251 WEST LAKE MEAD BLVD.
SUITE 401
LAS VEGAS, NV 89128**FEI Number: 20-8993314****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, TOBEY E
1433 SE RIVERSIDE DRIVE
STUART, FL 34996 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	1433 SE RIVERSIDE DRIVE
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	VC, DIRECTOR
Name	OSHINSKY, GARY SMD
Address	601 FRANKLIN AVE., SUITE 300
City-State-Zip:	GARDEN CITY NY 11530

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

Title	DIRECTOR
Name	MOBLEY, WILLIAM L. DR.
Address	PO BOX 629
City-State-Zip:	GLENVILLE NC 28736

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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 E. WILLIAMS**SECRETARY****01/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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