FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708377 (7)

1. Corporation Name

ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 ARTHUR GODFREY RD., SUITE 250 SUITE 400 MIAMI BEACH FL 33140	801 ARTHUR GODFREY RD., SUITE 250 SUITE 400 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1965
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2822138 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MOYA, FRANK
801 ARTHUR GODFREY RD. SUITE 250
SUITE 400
MIAMI BEACH FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	C/D/P/T	☒ Change ☐ Addition
NAME	MOYA, FRANK, M.D.	1.2 NAME	Moya, M.D., Frank	
STREET ADDRESS	4300 ALTON ROAD	1.3 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	WATSON, PHILLIP, M.D.	2.2 NAME	Watson, M.D., Phillip	
STREET ADDRESS	4300 ALTON ROAD	2.3 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VSD	3.1 TITLE	D/S	☒ Change ☐ Addition
NAME	MUNULTY, JOAN	3.2 NAME	McNulty, Joan	
STREET ADDRESS	4300 ALTON ROAD	3.3 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	4.1 TITLE	D/V	☒ Change ☐ Addition
NAME	LICHTIGER, MONTE, DR.	4.2 NAME	Lichtiger, M.D., Monte	
STREET ADDRESS	4300 ALTON ROAD	4.3 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	5.1 TITLE	D/V	☒ Change ☐ Addition
NAME	MARSHALL, J.R., DR.	5.2 NAME	Marshall, M.D., J.R.	
STREET ADDRESS	4300 ALTON ROAD	5.3 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	6.1 TITLE	D/V	☒ Change ☐ Addition
NAME	WHITTLES, HOWARD, M.D.	6.2 NAME	Wittels, M.D., S. Howard	
STREET ADDRESS	4300 ALTON ROAD	6.3 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	Miami Beach, FL 33140	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Frank Moya, M.D. 4/24/95 (305) 673-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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