FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 01/28/1965
3a. Date of Last Report: 05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOYA, FRANK
801 ARTHUR GODFREY RD. SUITE 250 400
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOYA, FRANK, M.D.		1.2 NAME		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, PHILLIP, M.D.		2.2 NAME		
STREET ADDRESS	801 ARTHUR GODREY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUNULTY, JOAN		3.2 NAME		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LICHTIGER, MONTE, DR.		4.2 NAME		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, J.R., DR.		5.2 NAME		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHITTLES, HOWARD, M.D.		6.2 NAME		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		6.4 CITY-ST-ZIP		

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)(k), 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: Frank Moya, M.D. 3/12/96 (305) 673-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)