


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
DOCUMENT # 708377 (7)			
1. Corporation Name ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE ASSOCIATION, INC.			
Principal Place of Business 801 ARTHUR GODFREY RD., SUITE 250— SUITE 400 MIAMI BEACH FL 33140		Mailing Address 801 ARTHUR GODFREY RD., SUITE 250— SUITE 400 MIAMI BEACH FL 33140-3323	
2. Principal Place of Business 21 801 Arthur Godfrey Road Suite, Apt. #, etc. 22 Suite 400 City & State 23 Miami, FL Zip Country 24 33140 25 USA		2a. Mailing Address 26 801 Arthur Godfrey Road Suite, Apt. #, etc. 27 Suite 400 City & State 28 Miami, FL Zip Country 29 33140 30 USA	
9. Name and Address of Current Registered Agent MOYA, FRANK 801 ARTHUR GODFREY RD. SUITE 250. SUITE 400 MIAMI BEACH FL 33131		3. Date Incorporated or Qualified 01/28/1965	
		3a. Date of Last Report 03/18/1996	
		4. FEI Number 59-2822138	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		10. Name and Address of New Registered Agent	
		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DPT	<input type="checkbox"/> DELETE	
NAME	MOYA, FRANK, M.D.		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	WATSON, PHILLIP, M.D.		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	MUNULTY, JOAN		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	LICHTIGER, MONTE, DR.		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	MARSHALL, J.R., DR.		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	WHITTLES, HOWARD, M.D.		
STREET ADDRESS	801 ARTHUR GODFREY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing 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			

CR2E037 (9/96)