

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 OCT 27 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1997 AMENDED

DOCUMENT # 708377

1. Corporation Name

**ANESTHESIOLOGISTS' PROFESSIONAL
ASSURANCE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**801 Arthur Godfrey Rd., #400
Miami Beach, FL 33140**

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Miami Beach, FL 33140**

3. Date Incorporated or Qualified
01/28/65

3a. Date of Last Report
03/18/97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**FRANK MOYA
801 Arthur Godfrey Road, Suite 400
Miami Beach, FL 33140**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **D/P/T** DELETE
NAME **Frank Moya, M.D.**
STREET ADDRESS **801 Arthur Godfrey Rd., Suite 400**
CITY-ST-ZIP **Miami Beach, FL 33140**

1.1 TITLE **D** Change Addition
1.2 NAME **Eugene Nagel, M.D.**
1.3 STREET ADDRESS **801 Artnur Godfrey Rd., Suite 400**
1.4 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **D/V** DELETE
NAME **Phillip Watson, M.D.**
STREET ADDRESS **801 Arthur Godfrey Rd., Suite 400**
CITY-ST-ZIP **Miami Beach, FL 33140**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D/S** DELETE
NAME **Joan McNulty**
STREET ADDRESS **801 Arthur Godfrey Rd., Suite 400**
CITY-ST-ZIP **Miami Beach, FL 33140**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D/V** DELETE
NAME **Monte Lichtiger, M.D.**
STREET ADDRESS **801 Arthur Godfrey Rd., Suite 400**
CITY-ST-ZIP **Miami Beach, FL 33140**

4.1 TITLE Change Addition
4.2 NAME **700002332387--9**
4.3 STREET ADDRESS **-10/29/97--01054--010**
4.4 CITY-ST-ZIP *******61.25 *****61.25**

TITLE **D/V** DELETE
NAME **J.R. Marshall, M.D.**
STREET ADDRESS **801 Arthur Godfrey Rd., Suite 400**
CITY-ST-ZIP **Miami Beach, FL 33140**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D/V** DELETE
NAME **Howard Wittels, M.D.**
STREET ADDRESS **801 Arthur Godfrey Rd., Suite 400**
CITY-ST-ZIP **Miami Beach, FL 33140**

6.1 TITLE Change 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.

CR2037 (0/06)