

FILE NOW: FILING FEE IS \$61.25

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AND
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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

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/28/65

03/18/97

4. FEI Number

Applied For

59-2822138

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

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.

October 1997 305-673-4357

CR2037 (0/06)