

3-19-98 3-3499 -C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708377 (7)
 1. Corporation Name
ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
801 ARTHUR GODFREY RD # 400 MIAMI BEACH FL 33140 US		801 ARTHUR GODFREY RD # 400 MIAMI BEACH FL 33140 US	
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	24	25
		29	30

3. Date Incorporated or Qualified
01/28/1965

4. FEI Number
59-2822138

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MOYA, FRANK
801 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT MOYA, FRANK MD	1.1 TITLE	D Moya, Elizabeth
NAME	801 ARTHUR GODFREY RD., SUITE 400	1.2 NAME	801 Arthur Godfrey Road, Suite 400
STREET ADDRESS	MIAMI BEACH FL 33140	1.3 STREET ADDRESS	Miami Beach, FL 33140
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D NAGEL, EUGENE MD	2.1 TITLE	
NAME	801 ARTHUR GODFREY RD., SUITE 400	2.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33140	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS MCNULTY, JOAN	3.1 TITLE	
NAME	801 ARTHUR GODFREY RD., SUITE 400	3.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33140	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DV LICHTIGER, MONTE MD	4.1 TITLE	
NAME	801 ARTHUR GODFREY RD., SUITE 400	4.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33140	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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14. I 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 amendment with an address.

SIGNATURE:  **Frank Moya, M.D. 3/9/98 305-673-4357**

CP2E037 (10/97)