


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 /**  
**Secretary of State**

<b>DOCUMENT # 711563</b> 1. Entity Name <b>AMERICAN PHYSICIANS GUILD, INC.</b>	
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Principal Place of Business <b>715 INDIAN RIVER AVENUE TITUSVILLE, FL 32780</b>	Mailing Address <b>715 INDIAN RIVER AVENUE TITUSVILLE, FL 32780</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/08)

4. FEI Number <b>59-1203556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**YOUNT, HAROLD A  
715 INDIAN RIVER AVENUE  
TITUSVILLE, FL 32780**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNT, HAROLD A 715 INDIAN RIVER AVENUE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNT, ARTHUR W 866 LAKESIDE DRIVE NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REILLY, CARL N 304 NESBIT STREET PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000760271  
05/25/07-80005-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Harold A. Yount, M.D. Pres. Harold A. Yount, M.D. Pres. 4/27/07 321-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 385-3484