

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734846** (9)

1. Corporation Name

AESCLAPIUS SELF-INSURANCE TRUST CORPORATION, INC.



Principal Place of Business

Mailing Address

% ROLLINS HUDIG HALL HEALTHCARE RISK, INC
201 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134

% ROLLINS HUDIG HALL HEALTHCARE RISK, INC
201 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
01/26/1976

3a. Date of Last Report
05/01/1995

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

25

29

30

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

ROLLINS HUDIG HALL HEALTHCARE RISK, INC.
201 ALHAMBRA CIRCLE
SUITE #800
CORAL GABLES FL 33134

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 IN 12

TITLE **SDT** ☒ DELETE

NAME **COOK, TIM**
STREET ADDRESS **5000 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PDC** ☐ DELETE

NAME **TEDESCO, ARTHUR**
STREET ADDRESS **7460 S.W. 62 AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **COMTE, WILLIAM H**
STREET ADDRESS **16237 VENTURA BLVD.**
CITY-ST-ZIP **ENCINO CA**

TITLE **VICE CHAIRMAN** ☐ DELETE

NAME **LAWSON, RALPH**
STREET ADDRESS **8900 N. KENDALL**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE **SECRETARY** ☐ DELETE

NAME **DUCASSE, KATHY**
STREET ADDRESS **4701 NORTH MERIDIAN**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **TREASURER** ☐ DELETE

NAME **HOYDRICH, LAURA**
STREET ADDRESS **5000 UNIVERSITY DR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

(305) 448-2211

Date Daytime Phone

CR2E037 (12/95)

4/24/96