

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F01000000323

1. Entity Name

Underwriter for the Professions Insurance Company

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90538 024 ***150.00

Principal Place of Business

185 Greenwood Road
Napa, CA 94558

Mailing Address

185 Greenwood Road
Napa, CA 94558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4234708

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sears, Carolyn
C/O The Doctors' Company
5100 North West 33rd Ave., Suite 255
Ft. Lauderdale, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME Anderson, Richard E. M.D.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE D ☐ Delete
NAME Charles, David M. M.D.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE D ☐ Delete
NAME Lofsky, Ann S. M.D.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE PVD ☐ Delete
NAME Puebla, Manuel S.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE ST ☐ Delete
NAME Yacobi, Michael
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE D ☐ Delete
NAME Goldman, Jerrald R. M.D.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME McRae, John Andrew, M.D.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE D ☐ Change ☐ Addition
NAME Gorney, Mark M.D.
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE D ☐ Change ☐ Addition
NAME O'Brien, Charles Ambrose
STREET ADDRESS 185 Greenwood Road
CITY-ST-ZIP Napa, CA 94558

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Yacob

April 9, 2001

Date

707-226-0100

Daytime Phone #

CR2E034 (11/00)