2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 16, 2002 8:00 am Secretary of State F01000000323 DOCUMENT # 09-16-2002 90102 019 ***550 00 UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPAN Principal Place of Business Mailing Address 185 GREENWOOD ROAD 185 GREENWOOD ROAD NAPA CA 94558 NAPA CA 94558 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4234708 Not Applicable Zip 📩 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEARS, CAROLYN Street Address (P.O. Box Number is Not Acceptable) C/O THE DOCTORS' COMPANY 5100 NORTH WEST 33RD AVE., SUITE 255 13450 WEST SUNRISE BLVD., SUITE 160 FT. LAUDERDALE FL 33309 SUNRISE 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Addition TITLE ANDERSON, RICHARD E M.D. BOHN, JOHN NAME NAME 185 GREENWOOD ROAD STREET ADDRESS STREET ADDRESS 185 GREENWOOD ROAD CITY-ST-ZIP NAPA CA 94558 CITY-ST-ZIP NAPA, CA 94558 ☐ Defete TITLE Change X Addition CHARLES, DAVID M M.D. GORNEY, MARK, M.D. STREET ADDRESS 185 GREENWOOD ROAD STREET ADDRESS 185 GREENWOOD ROAD CITY-ST-ZIP NAPA CA 94558 CITY-ST-ZIP NAPA CA 94558 Addition TITLE ☐ Delete TITLE ☐ Change D١ NAME ŁOFSKY, ANN S M.D. NAME O'BRIEN, CHARLES, ESQ. STREET ADDRESS STREET ADDRESS 185 GREENWOOD ROAD 185 GREENWOOD ROAD CITY-ST-ZIP CITY-ST-ZIP NAPA CA 94558 NAPA, CA 94558 TITLE PVD ☐ Defete TITLE Change ☐ Addition NAME PUEBLA, MANUEL S NAME STREET ADDRESS 185 GREENWOOD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP NAPA CA 94558 TITLE TITLE ST ☐ Delete ☐ Change ☐ Addition NAME YACOB, MICHAEL NAME STREET ADDRESS 185 GREENWOOD ROAD STREET ADDRESS CITY-ST-ZIP NAPA CA 94558 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

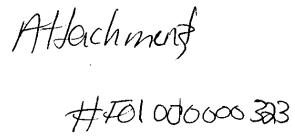
GOLDMAN, JERRALD R M.D. 185 GREENWOOD ROAD

NAPA CA 94558

09-03-02 Date

(707) 226-0100





VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

September 3, 2002

Uniform Business Report Division of Corporations

P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

Dear Madam or Sir:

Please find enclosed the signed 2002 Uniform Business Report form and a filing fee remittance check in the amount of \$550.00 for Underwriter for the Professions Insurance Company.

This submission finalizes all reporting requirements due September 13, 2002.

Sincerely,

Melanie F. Maen

Melanie F. Maen Statutory Filing Administrator

MFM Enclosures