

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90102 019 ***550.00

DOCUMENT # F01000000323

1. Entity Name

UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPAN
Y

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEARS, CAROLYN**C/O THE DOCTORS' COMPANY****5100 NORTH WEST 33RD AVE., SUITE 255****FT. LAUDERDALE FL 33309**

Name

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

13450 WEST SUNRISE BLVD., SUITE 160City
SUNRISE

FL

Zip Code
33323

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **ANDERSON, RICHARD E M.D.**
STREET ADDRESS **185 GREENWOOD ROAD**
CITY-ST-ZIP **NAPA CA 94558**TITLE **D** ☐ Change ☒ Addition
NAME **BOHN, JOHN**
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** ☐ Change ☒ Addition
NAME **GORNEY, MARK, 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 **D** ☐ Change ☒ Addition
NAME **O'BRIEN, CHARLES, ESQ.**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **YACOB, MICHAEL**
STREET ADDRESS **185 GREENWOOD ROAD**
CITY-ST-ZIP **NAPA CA 94558**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GOLDMAN, JERRALD R M.D.**
STREET ADDRESS **185 GREENWOOD ROAD**
CITY-ST-ZIP **NAPA CA 94558**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 REQUIRED

09-03-02

(707) 226-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#F01 000000 323

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