

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 90505 001 \*\*\*450.00

FILED F01000000323

04 MAY 20 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66417793



04222004 Chg-P CR2E034 (10/03)

DOCUMENT # F01000000323

1. Entity Name  
UNDERWRITER FOR THE PROFESSIONS INSURANCE  
COMPANY



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

Zip

Country

Zip

Country

4. FEI Number  
95-4234708

Applied For  
Not Applicable

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  
13450 WEST SUNRISE BLVD  
SUITE 160  
SUNRISE, FL 33323

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. 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

FILE NOW!!! FEE IS \$160.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 Trustee ☐ Change ☒ Addition  
NAME Troxel, David Burnett MD  
STREET ADDRESS 185 Greenwood Road, Napa CA 94558  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CHARLES, DAVID M M.D.  
STREET ADDRESS 185 GREENWOOD ROAD  
CITY-ST-ZIP NAPA, CA 94558

TITLE Trustee ☐ Change ☒ Addition  
NAME Zeller, Randall Keach  
STREET ADDRESS 185 Greenwood Road, Napa, CA 94558  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LOFSKY, ANN S M.D.  
STREET ADDRESS 185 GREENWOOD ROAD  
CITY-ST-ZIP NAPA, CA 94558

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

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-ZIP

TITLE ST ☐ Delete  
NAME YACOB, MICHAEL  
STREET ADDRESS 185 GREENWOOD ROAD  
CITY-ST-ZIP NAPA, CA 94558

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

TITLE 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

*Handwritten signature and date 4/5/20*

12. 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 10 or Block 11 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

April 26, 2004

Date

(707)226-0100

Daytime Phone #