

F0200000 3450

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Broward Physician's Risk Retention Group, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Dickson

(Name of Person)

Blank, Meenan & Smith, PA

(Firm/Company)

204 South Monroe Street

(Address)

Tallahassee, FL 32301

(City/State and Zip code)

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02 JUL -5 AM 11:52
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

John Dickson

(Name of Person)

at (850) 681-6710

(Area Code & Daytime Telephone Number)

300006226853-4
-07/05/02--01065--001
*****70.00 *****70.00

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee &
Certificate of Status &
Certified Copy

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

Handwritten signature

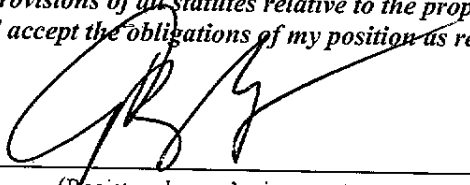
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. South Broward Physician's Risk Retention Group, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Vermont 3. 33-1010508
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 26, 2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 1, 2002
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 76 St. Paul Street, Suite 500, Burlington, VT 05401
(Principal office address)
76 St. Paul Street, Suite 500, Burlington, VT 05401
(Current mailing address)
8. Writing insurance and reinsurance as a captive risk retention group.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Gary Barber
Office Address: 1011 North 35th Avenue
Hollywood, Florida 33021
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

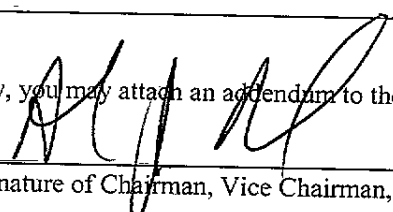
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Alan Reich, M.D., President
(Typed or printed name and capacity of person signing application)

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**South Broward Physicians Risk Retention Group, Inc.
List of Directors/Officers**

Name	Title	Address	Telephone
Anthony Krayner	Director	3501 Johnson Street Hollywood, FL 33021	(954) 986-6324
Gary Barber	Director	1011 North 35th Avenue Hollywood, FL 33021	(954) 985-5933
Alan Reisch, MD	Director, President	1150 North 35th Avenue Hollywood, FL 33021	(954) 961-3500
Miguel Venero, MD	Director, Treasurer	601 N. Flamingo Road, Ste. 405 Pembroke Pines, FL 33028	(954) 437-4333
Fred Herold, MD	Director, Secretary	1150 North 35th Avenue Hollywood, FL 33021	(954) 981-6680
Gary Birken, MD	Director, Vice Pres.	1150 North 35th Avenue Hollywood, FL 33021	(954) 981-0072
Peter Joy	Director, Asst. Sec.	76 St. Paul Street, Suite 500 Burlington, VT 05401-4477	(802) 862-4400
John Papadakis	Asst. Treasurer	10400 NW 18th Manor Plantation, FL 33322	(954) 540-8101

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TALLAHASSEE, FLORIDA



STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that according to the records of this office

SOUTH BROWARD PHYSICIANS RISK RETENTION GROUP, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on June 26, 2002.

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and that articles of dissolution have not been filed.

July 2, 2002

*Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital*

A handwritten signature in dark ink, appearing to read "Deborah L. Markowitz".

*Deborah L. Markowitz
Secretary of State*

