

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90032 021 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004949					
1. Entity Name PEDIATRICIANS INSURANCE RISK RETENTION GROUP OF AMERICA, INC.					
Principal Place of Business 780 NE 69TH STREET 2310 MIAMI, FL 33138 US		Mailing Address 780 NE 69TH STREET 2310 MIAMI, FL 33138 US			
2. Principal Place of Business 5101 Wisconsin Ave. N.W.		3. Mailing Address c/o Risk Services, 1501 Wilson Blvd.			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 1110			
City & State Washington, DC		City & State Arlington, VA		4. FEI Number 20-0167681	
Zip 20016		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSOV, EUGENE A PRES. 780 NE 69TH STREET 2310 MIAMI, FL 33138				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>EUGENE A. ROSOV</u> DATE: <u>02/07/06</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSOV, EUGENE A 780 NE 69TH STREET, #2310 MIAMI, FL 33138 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rosov, Eugene A 780 NE 69th Street, #2310 Miami, FL 33138 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, TODD 1565 EASTWOOD AVENUE HIGHLAND PARK, IL 60035 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAZZOLA, MICHAEL J 780 NE 69TH STREET, #2310 MIAMI, FL 33138 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELBAND, HENRY M.D. DEPT OF POTRCSU OF MIAMI/POB 016820 MIAMI, FL 33101 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Gelband, Henry M.D. 181 Crandon Blvd., Unit 406 Key Biscayne, FL 33149 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MICHAEL M.D. 780 NE 69TH STREET, #2310 MIAMI, FL 33138 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERMOTTO, GEORGE M.D. 780 NE 69TH STREET, #2310 MIAMI, FL 33138 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>EUGENE A. ROSOV</u> DATE: <u>02/06/06</u> 305-751-9195 SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR					

ATTACHMENT 40013287
#703060004949
**PEDIATRICIANS INSURANCE RISK RETENTION GROUP
OF AMERICA**

February 8, 2006

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Pediatricians Insurance Risk Retention Group of America, Inc.
 NAIC Company Code: 11772; NAIC Group Code: 0000; FEIN: 20-0167681**

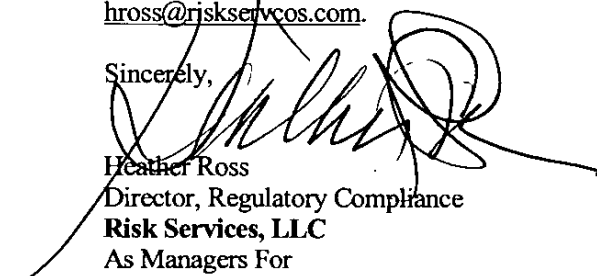
Dear Sir/Madam:

On behalf of the above-named company, enclosed please find the following:

1. 2006 For Profit Corporation Annual Report; and,
2. Check in the amount of \$150.00 in payment of the filing fee due.

I believe that this completes the filing requirement due at this time. Should you have any further questions, please don't hesitate to contact me by telephone at (703) 812-8425 or by e-mail at hrross@riskservices.com.

Sincerely,



Heather Ross
Director, Regulatory Compliance
Risk Services, LLC
As Managers For
**Pediatricians Insurance Risk Retention
Group of America, Inc.**

HR/ncg

Enclosures

ATTACHMENT

40013287

#70300004949

Pediatricians Insurance Risk Retention Group of America, Inc.
Additional Officers/Directors List

<u>Name</u>	<u>Address</u>	<u>Position</u>	<u>Add/Change</u>
Sanchez, Nina M.D.	7800 S.W. 87 th Ave. Miami, FL 33173	Director	Add
Felch, Dean	780 NE 69 th Street Suite 2310 Miami, FL 33138	Secretary	Add