

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90292 040 \*\*\*150.00

**DOCUMENT # F04000005254**

1. Entity Name  
**EMERGENCY MEDICINE PROFESSIONAL ASSURANCE  
COMPANY RISK RETENTION GROUP**



Principal Place of Business Mailing Address  
**1210 SOUTH VALLEY VIEW BOULEVARD  
SUITE 114  
LAS VEGAS, NV 89102**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1141933 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, TOBEY M.D.  
1217 EAST WASHINGTON STREET  
ORLANDO, FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME **WILLIAMS, TOBEY M.D.**  
STREET ADDRESS **1217 EAST WASHINGTON STREET**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ~~DSXX~~ ☐ Delete  
NAME **WILLIAMS, DARYL**  
STREET ADDRESS **301 E. PINE ST., STE. 350**  
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE D ☐ Delete  
NAME **LEVERTY, JAMES**  
STREET ADDRESS **832 WILLOW STREET**  
CITY-ST-ZIP **RENO, NV 89502**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/VP ☐ Change ☒ Addition  
NAME **Tucker Greene, MD**  
STREET ADDRESS **15941 Catalpa Cove Dr**  
CITY-ST-ZIP **Ft. Meyers, FL 33908**

TITLE D/VP ☐ Change ☒ Addition  
NAME **Arthur Diskin, MD**  
STREET ADDRESS **125 Palm Ave**  
CITY-ST-ZIP **Miami Beach, FL 33190**

TITLE D/T ☐ Change ☒ Addition  
NAME **Michael T. Rogers**  
STREET ADDRESS **1800 Second St., Ste. 909**  
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE D ☐ Change ☒ Addition  
NAME **Scott Betzelos, MD**  
STREET ADDRESS **5757 North Lincoln Ave., Ste. 27**  
CITY-ST-ZIP **Chicago, IL 60659**

TITLE AS ☐ Change ☒ Addition  
NAME **Heather Ross**  
STREET ADDRESS **1501 Wilson Blvd., Ste. 1110**  
CITY-ST-ZIP **Arlington, VA 22209**

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

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

**Heather Ross, Asst. SEcretary 4/20/05 (703) 812-8425**

Date

Daytime Phone #