

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005254

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** EMERGENCY MEDICINE PROFESSIONAL ASSURANCE COMPANY RISK RETENTION GROUP

**Current Principal Place of Business:**

5430 W SAHARA AVE  
LAS VEGAS, NV 89146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RISK SERVICES  
P.O. BOX 2100  
MONTPELIER, VT 05601

**New Mailing Address:**

C/O RISK SERVICES, LLC  
1800 SECOND STREET, SUITE 909E  
SARASOTA, FL 34236

**FEI Number:** 20-1141933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, TOBEY MD  
200 E ROBINSON ST SUITE 1180  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, TOBEY MD  
Address: 200 E ROBINSON ST. SUITE 1180  
City-St-Zip: ORLANDO, FL 32801

Title: DS  
Name: WILLIAMS, DARYL L  
Address: 200 E ROBINSON ST. SUITE 1180  
City-St-Zip: ORLANDO, FL 32801

Title: DT  
Name: ROGERS, MICHAEL T  
Address: 1800 SECOND STREET, SUITE 909E  
City-St-Zip: SARASOTA, F 34236

Title: D  
Name: ERICKSON, VICTORIA  
Address: 5430 W. SAHARA AVE  
City-St-Zip: LAS VEGAS, NV 89146

Title: DVP  
Name: DISKIN, ARTHUR M.D.  
Address: 125 PALM AVE  
City-St-Zip: MIAMI BEACH, FL 33190

Title: DVP  
Name: GREENE, TUCKER M.D.  
Address: 15941 CATALPA COVE DR.  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T. ROGERS

DT

03/03/2011

Electronic Signature of Signing Officer or Director

Date