# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2012**
**Secretary of State**

DOCUMENT# F04000005254

**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, LLC
1800 SECOND STREET, SUITE 909E
SARASOTA, FL 34236

**New Mailing Address:**

C/O RISK SERVICES, LLC
1605 MAIN STREET, SUITE 800
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: 1605 MAIN STREET, SUITE 800
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: AS
Name: HUBBARD, BJORN
Address: 1605 MAIN STREET, SUITE 800
City-St-Zip: SARASOTA, FL 34236

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: BJORN HUBBARD AS 03/26/2012

Electronic Signature of Signing Officer or Director — Date