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SECR (Requestor's Name)	ETARY OF STATE HASSEE, FLORE
(Address)	_ 600061501346
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name) (Document Number)	- 11/18/0501038010 **78.7S
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2005 NOV 18 P 3: 2:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUPLECT: Advanced Physics

SUBJECT: Advanced Physicians Insurance 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:

Dike H. Ajiri, President
(Name of Person)
Advanced Physicians Insurance Risk Retention Group, Inc.
(Firm/Company)
1229 North Northbranch, Ste 108
(Address)
Chicago, IL 60622
(City/State and Zip code)
For further information concerning this matter, please call:
Rick Crebs at (707) 963-2400
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy
	Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTO BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO P 3: 2 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATE TARY OF STATI 1. AVANCE TO THE STATE OF FLORIDATE TARY OF STATI (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," TO C. "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") REKELD TO M.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. 4(1100) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. Date of incorporation) (Duration: Year corp., will cease to exist or "perpetual")	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. /229 N. North Branch 54. St. 108 (Principal office address) Chicago, TL Cobb22	-
8. Provide Professional liability Ins. to Physicians (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 NOT acceptable) Name: Agents and Coronatins, Inc. Office Address: Suite E, 773 4th Are. North (City), Florida 34/02 (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.

Down na aliens

(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:

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a. Directo		2005 NOV 18 P 3: 28
	See ATTOCK LIST	SECRETARY
Address:		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:		
Address:		==
Director:		
Director:		
Address:		
B. OFFICER President: Address:	Dike H. Ajiri 1228 N. North Branch # 108	
Address:		
Secretary:	Rijee Ajiri	6/ //
Address:	1229 N. North Branch 4108	(hicago, 26 blb)
Treasurer:	Rike Ajiri 1229 N. North Branch #106	1/ , 7/ /4/)
Address:	1229 N. North Branch #106	through, TL 6062
NOTE: If nec	cessary, you may attach an addendum to the application listing additions	al officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the app	
	(Signature &f Director or Officer listed in number 12 of the app	lication)
14.	Oike H. Ajir; - President (Typed or printed name and capacity of person signing applic	

Advanced Physicians Insurance RRG Listing of Officers & Directors

Dike Harold Ajiri. President & Director 1229 N. Northbranch, Ste 210 Chicago, IL 60622 312 939-5090

Rilee Ellen Ajiri, Secretary & Director 1229 N. Northbranch, Ste 210 Chicago, IL 60622 312 939-5090

Obinna Ugochuku, Treasurer & Director 2020 Pennsylvania Ave. NW, Ste 399 Washington, DC 20006 202 588-0107 Thomas Robert Edison, Jr., Director
530 Sierra Place #5
El Segundo, CA \$12458 P 3: 28
310 393-684 SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Robert Jerome Kadzielawski, Director

Robert Jerome Kadzielawski, Director 4411 North 19th Avenue: Phoenix, AZ 85015 Phone: 602 277-0970









Office of the CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

I, BRIAN C. MCNEIL, EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION, DO HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW THAT

ADVANCED PHYSICIANS INSURANCE RISK RETENTION GROUP, INC.

AN ARIZONA CORPORATION, DID ON THE 21ST DAY OF MARCH 2004 FILE ARTICLES OF INCORPORATION AS A NON-FILING INSURANCE COMPANY.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, Capital, this 26 Day of OCTOBER, 2005 A.D.

DITAT DEUS

Executive Director

By: Wonne Gonfreren