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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

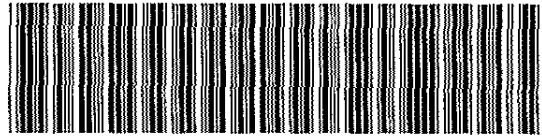
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DOCTORS + SURGEONS NATIONAL 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:

ROBERT A. ZACK

(Name of Person)

LAW OFFICE OF ROBERT A. ZACK, PA

(Firm/Company)

PO BOX 50444

(Address)

SARASOTA, FL. 34292

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT ZACK

(Name of Person)

at (941) 350-8191

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DOCTORS + SURGEONS NATIONAL RISK RETENTION GROUP, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KENTUCKY 3. 68-0656137
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 15, 2007 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 231 SCOTT BLVD COVINGTON, KY 41011
(Principal office address)
SAME
(Current mailing address)

8. PROVIDE MEDICAL MALPRACTICE INSURANCE TO PHYSICIANS AND
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) HEALTH CARE INSTITUTIONS.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT ZACK

Office Address: 3958 DEFDE SQ
SARASOTA, Florida 34241
(City) (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.

Robert A. Zack

(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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: W. PETER GRAPER, MD

Address: 1569 OAK WAY
SARASOTA, FL. 34232

Vice Chairman: KENNETH SCHULTZ, MD

Address: 3311 7th ST. CIRCLE WEST
PALMETTO, FL. 34221

Director: MICHAEL GERARDI, MD

Address: 651 WEST MOUNT PLEASANT AVE
LIVINGSTON, NJ. 07039

Director: ROBERT PENDRAK

Address: 4787 SWEETBRIER TERRACE
HARRISBURG, PA 17111

B. OFFICERS

President: W. PETER GRAPER, MD

Address: SAME

Vice President: KENNETH SCHULTZ, MD

Address: SAME

Secretary: SARA CARPENTER

Address: 605 EAST FIRST ST., STE. 102 ROME, GA. 30161

Treasurer: SARA CARPENTER

Address: SAME

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert A. Zach
(Signature of Director or Officer listed in number 12 of the application)

14. DIRECTOR
(Typed or printed name and capacity of person signing application)

Doctors & Surgeons National Risk Retention Group, Inc.

Board of Directors

W. Peter Graper, MD, President
1569 Oak Way
Sarasota, FL 34232

941-915-4359

Kenneth E. Schultz, MD, Vice-President
3311 7th Street Circle West
Palmetto, FL 34221

941-346-5251

Robert Pendrak, MD, Director
4787 Sweetbrier Terrace
Harrisburg, Pa 17111-3616

717-561-0922

Jay Ellenby, MD, Director
2954 B Aventura Blvd.
Aventura, FL 33180

305-933-6033

Michael Gerardi, MD, Director
651 West Mount pleasant Ave.
Livingston, NJ 07039

973-740-2494

Sara Carpenter, Secretary/Treasurer
605 East First St, Ste 102
Rome, Ga 30161

800-664-8480 ext. 201

Robert A. Zack, Esq., Director
3958 DeFoe Sq.
Sarasota, FL 34241

941-377-3200

Commonwealth of Kentucky
Trey Grayson
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**DOCTORS & SURGEONS NATIONAL RISK RETENTION
GROUP, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is August 15, 2007 and whose period of duration is perpetual.

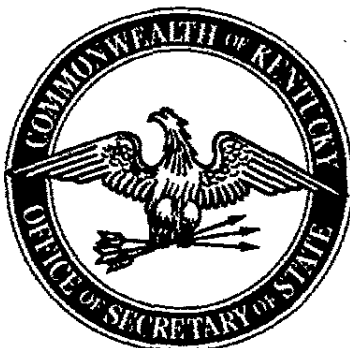
I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 22nd day of October, 2007.

Certificate Number: 54644

Jurisdiction: Florida

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.



TG

Trey Grayson
Secretary of State
Commonwealth of Kentucky
54644/0671326