

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005293

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** DOCTORS & SURGEONS NATIONAL RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

231 SCOTT BLVD  
COVINGTON, KY 41011

**New Principal Place of Business:**

**Current Mailing Address:**

231 SCOTT BLVD  
COVINGTON, KY 41011

**New Mailing Address:**

605 EAST 1ST STREET  
STE. 102  
ROME, GA 30161 17

**FEI Number:** 68-0656137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZACK, ROBERT  
3958 DEFOE SQ  
SARASOTA, FL 34241 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: GRAPER, W PETER MD  
Address: 1569 OAK WAY  
City-St-Zip: SARASOTA, FL 34232

Title: VCVP ( ) Delete  
Name: SCHULTZ, KENNETH MD  
Address: 3311 7TH ST CIRCLE WEST  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: SCHULTZ, KENNETH MD  
Address: 3311 7TH ST CIRCLE WEST  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: GERARDI, MICHAEL MD  
Address: 651 WEST MOUNT PLEASANT AVE  
City-St-Zip: LIVINGSTON, NJ 07039

Title: D ( ) Delete  
Name: ZACK, ROBERT A ESQ  
Address: 3958 DEFOE SQ.  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: PENDRAK, ROBERT  
Address: 4787 SWEETBRIER TERRACE  
City-St-Zip: HARRISBURG, PA 17111

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. ZACK

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date