

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005293

FILED
Mar 30, 2009
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:

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

New Mailing Address:

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

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: VCVF () 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:

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Name:
Address:
City-St-Zip:

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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 ZACK

MR

03/30/2009

Electronic Signature of Signing Officer or Director

Date