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JUL 27 2016

S. YOUNG

Doctors Professional Liability Risk Retention Group, Inc.

June 27, 2016

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

Re: Doctors Professional Liability Risk Retention Group, Inc.
NAIC Company Code: 15893; FEIN: 81-0934796
Filing for Registration

Dear Sir/Madam:

The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Office of Insurance Regulation relative to the company's registration filing made with that Office. Accordingly, enclosed please find the following:

1. Transmittal letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Existence issued by the State of North Carolina Department of the Secretary of State, the official having custody of the company's Articles of Incorporation in the jurisdiction of the company's incorporation; and,
4. Check in the amount of \$70.00 in payment of the Division's filing fee.

Kindly return confirmation of the registration of the corporation with your office to:

Amber Anderson
Account Manager
Risk Services
1605 Main Street, Suite 800
Sarasota, FL 34236

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Thank you. Should you have any questions, please do not hesitate to contact me by telephone at (941) 373-1147 or by e-mail at aanderson@pboa.com.

Sincerely,

Amber Anderson
Account Manager
Risk Services
As Managers for
Doctors Professional Liability Risk Retention Group, Inc.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doctors Professional Liability 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," or "Certificate of Good Standing" 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:

Amber Anderson

| |
|--|
| Name of Person |
| Risk Services |
| Firm/Company |
| 1605 Main Street, Suite 800 |
| Address |
| Sarasota, FL 34236 |
| City/State and Zip code |
| aanderson@pboa.com |
| E-mail address: (to be used for future annual report notification) |

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16 JUL 25 PM 2:05

For further information concerning this matter, please call:

| | | |
|----------------|-----------|--------------------------|
| Amber Anderson | 941 | 373-1147 |
| 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:

- ☒ \$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.*

Doctors Professional Liability Risk Retention Group, Inc.

1. _____
(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. North Carolina 3. 81-0934796
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/15/15 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 5630 University Parkway, Winston-Salem, North Carolina, 27105
(Principal office address)

c/o Risk Services, 1605 Main Street, Suite 800, Sarasota, FL, 34236
(Current mailing address, if different)

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

Name: Michael T. Rogers

Office Address: Risk Services, 1605 Main Street, Suite 800

Sarasota 34236
(City) (Zip code)

9. 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.


(Registered agent's signature)

10. 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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16 JUL 25 PM 2:05

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

A. DIRECTORS

XXXXX Chairman: Houssam Baroudi, MD

Address: 429 Bridoon Terrace, Encinita, CA 92024

XXXXXXX Vice Chairman: Hani Ascha

Address: 25581 Pacific Hills Drive, Mission Viejo, CA 92692

Director: Kevin Hicks

Address: 1130 Windsor Drive, Wilmington, NC 28403

Director:

Address:

B. OFFICERS

President: Hassan Kataf

Address: 25283 Cabot Road, Suite 216, Laguna Hills, CA 92653

Vice President: Houssam Baroudi, M.D.

Address: 29 Bridoon Terrace, Encinita, CA 92024

Secretary: Hassan Kataf

Address: 25283 Cabot Road, Suite 216, Laguna Hills, CA 92653

Treasurer: Houssam Baroudi, M.D.

Address: 29 Bridoon Terrace, Encinita, CA 92024

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

12. _____

Signature of Director of Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Hassan Kataf, President

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

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NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (CAPTIVE INSURANCE)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

DOCTORS PROFESSIONAL LIABILITY RISK RETENTION GROUP, INC.

is a corporation duly incorporated under the Liability Risk Retention Act of 1986, 15 U.S.C. § 3901 *et. seq.*, and the North Carolina Captive Insurance Act, respectively of the State of North Carolina, having been incorporated on the 15th day of December, 2015, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of June, 2016.

Elaine F. Marshall

Secretary of State