## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14341

Apr 23, 2007 Secretary of State

Entity Name: AMERICAN BOARD OF QUALITY ASSURANCE AND UTILIZATION REVIEW PHYSICIANS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6640 CONGRESS ST

NEW PORT RICHEY, FL 34653 LIS

**Current Mailing Address: New Mailing Address:** 

6640 CONGRESS ST

NEW PORT RICHEY, FL 34653 US

**OFFICERS AND DIRECTORS:** 

FEI Number: 23-2110723 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DAVIS, GERALD D DAVIS, GERALD D 200 CÉNTRAL AVENUE 200 CÉNTRAL AVENUE

BANK OF AMERICA TOWER, SUITE 2100 BANK OF AMERICA TOWER, SUITE 1600 ST. PETERSBURG, FL 33701 US ST. PETERSBURG, FL 33701 US

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: 04/23/2007

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

BRODER, ARTHUR I MD BRILL, JOEL V MD Name: Name: 301 E BETHANY HOME RD STE C-278 Address: 3444 WHIRLAWAY DR Address:

City-St-Zip: PHOENIX, AZ 85012 US City-St-Zip: NORTHBROOK, IL 60062 US

Title: VCHR ( ) Delete Title: VCHR (X) Change ( ) Addition TRAUTLEIN, JOSEPH J MD Name: VITOLO, JOSEPH G MD Name:

Address: 6430 COLCHESTER AVENUE Address: 11 HONEYSUCKLE LN City-St-Zip: HARRISBURG, PA 17111 US City-St-Zip: MATAWAN, NJ 07747 US

Title: CHR () Delete Title: (X) Change ( ) Addition

BRODER, ARTHUR I MD HARTSELL, HOMER E Name: Name: Address: 3444 WHIRLAWAY DR 34 NOB HILL COVE Address: City-St-Zip: NORTHBROOK, IL 60062 US City-St-Zip: LITTLE ROCK, AR 72205 US

Title: ( ) Delete Title: SEC (X) Change ( ) Addition Name: HARTSELL, HOMER E Name: PODKUL, THEODORE B JR 104 HENDRICKS BLVD Address: 34 NOB HILL COVE Address: AMHERST, NY 14226 US City-St-Zip: LITTLE ROCK, AR 72205 US City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

FISHMAN, DAVID L MD BRILL, JOEL V MD Name: Name: 5600 W ADDISON STE 505 6602 E GOLD DUST AVE Address: Address: City-St-Zip: CHICAGO, IL 60634 US City-St-Zip: SCOTTSDALE, AZ 85253 US

Title: () Delete Title: (X) Change ( ) Addition CARUSO, LARA N SEIBEL, JOHN A MD Name: Name:

Address: 1071 CANDLELIGHT BLVD J-137 Address: 4108 DIETZ FARM CIR NW BROOKSVILLE, FL 34601 US City-St-Zip: ALBUQUERQUE, NM 87107 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR I. BRODER, MD CHR 04/23/2007

Electronic Signature of Signing Officer or Director

Date