

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14341

FILED  
May 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6640 CONGRESS ST  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6640 CONGRESS ST  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

**FEI Number:** 23-2110723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

DAVIS, GERALD D.  
200 CENTRAL AVENUE  
BANK OF AMERICA TOWER, SUITE 1600  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CHR ( ) Delete  
Name: BRODER, ARTHUR I MD  
Address: 3444 WHIRLAWAY DR  
City-St-Zip: NORTHBROOK, IL 60062 US

Title: VCHR ( ) Delete  
Name: VITOLO, JOSEPH G MD  
Address: 11 HONEYSUCKLE LN  
City-St-Zip: MATAWAN, NJ 07747 US

Title: T ( ) Delete  
Name: HARTSELL, HOMER E  
Address: 34 NOB HILL COVE  
City-St-Zip: LITTLE ROCK, AR 72205 US

Title: SEC ( ) Delete  
Name: PODKUL, THEODORE B JR  
Address: 104 HENDRICKS BLVD  
City-St-Zip: AMHERST, NY 14226 US

Title: DIR ( ) Delete  
Name: BRILL, JOEL V MD  
Address: 6602 E GOLD DUST AVE  
City-St-Zip: SCOTTSDALE, AZ 85253 US

Title: DIR ( ) Delete  
Name: SEIBEL, JOHN A MD  
Address: 4108 DIETZ FARM CIR NW  
City-St-Zip: ALBUQUERQUE, NM 87107 US

**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMER E. HARTSELL

T

05/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date