

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14341

FILED
Feb 12, 2010
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 ()**

Name and Address of Current Registered Agent:

DAVIS, GERALD D.
200 CENTRAL AVENUE
BANK OF AMERICA TOWER, SUITE 1600
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

TK REGISTERED AGENT, INC.
101 E. KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602 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: GERALD D. DAVIS

02/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VCHR
Name: PASLIDIS, NICK J MD, PHD
Address: 276 RIVER RIDGE POINT
City-St-Zip: LITTLE ROCK, AR 72227 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR I. BRODER, M.D.

CHR

02/12/2010

Electronic Signature of Signing Officer or Director

Date