

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90374 042 ***150.00

DOCUMENT # P24156

1. Entity Name
THE DOCTORS' COMPANY INSURANCE SERVICES



Principal Place of Business
**185 GREENWOOD ROAD
P.O. BOX 2900
NAPA, CA 94558-0900**

Mailing Address
**185 GREENWOOD ROAD
P.O. BOX 2900
NAPA, CA 94558-0900**

14004793



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092004 Chg-P CR2E034 (10/03)

4. FEI Number
95-3923971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MEYER, JOHN A.
185 GREENWOOD ROAD
NAPA, CA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, RICHARD E
185 GREENWOOD ROAD
NAPA, CA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
YACOB, MICHAEL
185 GREENWOOD ROAD
NAPA, CA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUEBLA, MANUEL S.
185 GREENWOOD ROAD
NAPA, CA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Meyer

JOHN A. MEYER

04/12/04

707-226-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #