FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69537** **(6)**

1. Corporation Name

ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY (A RISK RETENTION GROUP)

Principal Place of Business	Mailing Address
801 ARTHUR GODFREY ROAD SUITE 400 MIAMI BEACH FL 33140	801 ARTHUR GODFREY ROAD SUITE 400 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1991
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2820748 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C/D/P/T	☒ Change ☐ Addition
NAME	MOYA, FRANK, M.D.	12 NAME	Moya, M.D., Frank	
STREET ADDRESS	801 ARTHUR GODFREY RD	13 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	21 TITLE	D/S	☒ Change ☐ Addition
NAME	MCNULTY, JOAN, M.D.	22 NAME	McNulty, Joan	
STREET ADDRESS	801 ARTHUR GODFREY RD	23 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	VILES, ROBERT P., M.D.	32 NAME	Viles, M.D., Robert P.	
STREET ADDRESS	801 ARTHUR GODFREY RD	33 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	41 TITLE	D/V	☒ Change ☐ Addition
NAME	LICHTIGER, MONTE, M.D.	42 NAME	Lichtiger, M.D., Monte	
STREET ADDRESS	801 ARTHUR GODFREY RD	43 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D/V	☒ Change ☐ Addition
NAME	MARSHALL, J.R., M.D.	52 NAME	Marshall, M.D., J.R.	
STREET ADDRESS	801 ARTHUR GODFREY RD	53 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	61 TITLE	D/V	☒ Change ☐ Addition
NAME	WITTELS, S. HOWARD, M.D.	62 NAME	Wittels, M.D., S. Howard	
STREET ADDRESS	801 ARTHUR GODFREY RD	63 STREET ADDRESS	801 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL	64 CITY-ST-ZIP	Miami Beach, FL 33140	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: X Frank Moya, M.D. 4/24/95 (305) 673-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0149502 CP

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12. Officers and Directors

Title: D
Name: Berry, M.D. Frederic A.
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D
Name: Dwyer, Esq., Raymond
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D
Name: Evans, M.D., Bruce W.
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D
Name: Hodes, M.D., Richard
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D
Name: Larson, M.D., C. Phillip
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D
Name: Moore, M.D., Jimmie
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D
Name: Nagel, M.D., Eugene
Address: 801 Arthur Godfrey Road
Miami, FL 33140

13. Additions/Changes to Officer & Directors

Title: D ☐Change ☑Addition
Name: Fernandez, Elizabeth Moya
Address: 801 Arthur Godfrey Road
Miami, FL 33140

Title: D ☐Change ☑Addition
Name: Witherspoon, Gene
Address: 801 Arthur Godfrey Road
Miami, FL 33140