FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

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

1. Corporation Name

ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY (A RISK RETENTION GROUP)

Principal Place of Business

801 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140

Mailing Address

801 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: **07/23/1991**

3a. Date of Last Report: **05/01/1995**

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 Consolidated

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	CDPT	☐ DELETE
NAME	MOYA, M.D. F	
STREET ADDRESS	801 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DS	☐ DELETE
NAME	MCNULTY, JOAN	
STREET ADDRESS	801 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	VILES, M.D. R	
STREET ADDRESS	801 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	☐ DELETE
NAME	LICHTIGER, M.D. M	
STREET ADDRESS	801 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	☐ DELETE
NAME	MARSHALL, M.D. J	
STREET ADDRESS	801 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	☐ DELETE
NAME	WITELS, M.D. S	
STREET ADDRESS	801 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby 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 12 or Block 13 if changed or added to the report with my title or address.

SIGNATURE: _____ Frank Moya, M.D. 3/12/96 (305) 673-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number