

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997 AMENDED

APPROVED  
AND  
FILED

1997 OCT 27 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S69537  
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**

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Suite 400  
Miami Beach, FL 33140**

3. Date Incorporated or Qualified

**07/23/91**

3a. Date of Last Report

**03/18/97**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C/D/P/T** ☐ DELETE  
NAME **Frank Moya, M.D.**  
STREET ADDRESS **801 Arthur Godfrey Blvd., #400**  
CITY-ST-ZIP **Miami Beach, FL 33140**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D/S** ☐ DELETE  
NAME **Joan McNulty**  
STREET ADDRESS **801 Arthur Godfrey Rd. #400**  
CITY-ST-ZIP **Miami Beach, FL 33140**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **Robert P. Viles, M.D.**  
STREET ADDRESS **801 Arthur Godfrey Blvd., #400**  
CITY-ST-ZIP **Miami Beach, FL 33140**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D/VP** ☐ DELETE  
NAME **Monte Lichtiger, M.D.**  
STREET ADDRESS **801 Arthur Godfrey Blvd., #400**  
CITY-ST-ZIP **Miami Beach, FL 33140**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D/VP** ☒ DELETE  
NAME **S. Howard Wittels, M.D.**  
STREET ADDRESS **801 Arthur Godfrey Blvd., #400**  
CITY-ST-ZIP **Miami Beach, FL 33140**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D/VP** ☒ DELETE  
NAME **J.R. Marshall, M.D.**  
STREET ADDRESS **801 Arthur Godfrey Blvd., #400**  
CITY-ST-ZIP **Miami Beach, FL 33140**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 from an attachment with an address

SIGNATURE:

October

, 1997 305-673-4357

By: **Frank Moya, M.D., President**

Date

Daytime Phone #

CR2E034 (9/96)