

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/23/1991	
4. FEI Number 59-2820748		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPT MOYA, FRANK MD 801 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNULTY, JOAN 801 ARTHUR GODFREY ROAD., #400 MIAMI BEACH FL 33140 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILES, ROBERT P MD 801 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LICHTIGER, MONTE MD 801 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WITTELS, HOWARD S MD 801 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, J R MD 801 ARTHUR GODFREY RD., #400 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 on an attachment with an address.

SIGNATURE:  **Frank Moya, M.D.** 3/9/98 305-673-4357

CR2E034 (10/97)

Anesthesiologists' Professional Assurance Company (A Risk Retention Group)

FEI: 59-2820748

13. Additions to Officers and Directors in 12

D

**Berry, M.D., Frederic A.
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Dwyer, Raymond
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Jacobo, M.D., Miguel
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Moore, M.D., Jimmie
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Nagel, M.D., Eugene
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

VD

**Witherspoon, Gene C.
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Campoamor, M.D., Jose
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Evans, M.D., Bruce
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Larson, M.D., C. Phillip
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

D

**Moya, Elizabeth
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**

VD

**Watson, M.D., Phillip W.
801 Arthur Godfrey Road, #400
Miami Beach, FL 33140**