

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90239 027 \*\*\*150.00

DOCUMENT # S69537

1. Corporation Name

ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1991

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

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 CDPT ☐ DELETE  
NAME MOYA, FRANK MD  
STREET ADDRESS 801 ARTHUR GODFREY RD., #400  
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Russell, William R.  
1.3 STREET ADDRESS 1000 Riverside Avenue, #800  
1.4 CITY-ST-ZIP Jacksonville, FL 32232-4033

TITLE SD ☐ DELETE  
NAME MCNULTY, JOAN  
STREET ADDRESS 801 ARTHUR GODFREY ROAD., #400  
CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Murbach, Roger, S.  
2.3 STREET ADDRESS 8620 Bayview Court  
2.4 CITY-ST-ZIP Orlando, FL 32836

TITLE D ☐ DELETE  
NAME VILES, ROBERT P MD  
STREET ADDRESS 801 ARTHUR GODFREY RD., #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 VD ☐ DELETE  
NAME LICHTIGER, MONTE MD  
STREET ADDRESS 801 ARTHUR GODFREY RD., #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 ☐ DELETE  
NAME FREDERIC A, BERRY MD  
STREET ADDRESS 801 ARTHUR GODFREY ROAD, #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 ☐ DELETE  
NAME DWYER, RAYMOND  
STREET ADDRESS 801 ARTHUR GODFREY ROAD, #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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Moya, MD

1/5/99

305/673-4357

Date

Daytime Phone #

CR2E034 (11/98)