Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90239 027 ***150.00

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

DOCUMENT # **S69537**

1. Corporation Name

ANESTHI	ESIOLOGISTS PROFESSIO	NAL ASSURANCE U	UMPAN	IY					
Principal Place	of Business	Mailing Address					(182(15))) to alive their steel this their		1817 23277 1247
801 ARTHUR GODFREY ROAD 801 ARTHUR GODFREY RO.				.D					
SUITE 400 SUITE 400 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140		n				DO NOT WRITE IN T	THIS SPACE		
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140			J			<u> </u> -	3. Date Incorporated or Qualifed		
						-	07/23/1991		-
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number	Apr	olied For
21		26					59-2820748	Not	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					5 Certificate of Status Desired	\$8.75 A	
22		27					or Cortificate di Giano Daniel	Fee Re	quired
City & State	e	City & State					6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		ountry			8. This corporation owes the current year		
24	25	29	30				Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent		81	Name	1	0. Name and Address of New Registe	ereu Agent	_
INSU	JRANCE COMMISSIONER			["					
THE CAPITOL BUILDING				82 Street Addres			(P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32399			83		. .				
,,,,,,									
				84	City			FL 85 Zip C	Code
11 Dureupot t	to the provisions of Sections 607 050	12 and 607 1508 Florida St	atutes, the	above	-named	corporat	ion submits this statement for the numos	se of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida, Such change wa	is authoriz	zea ov i	ine corbo	oration's	board of directors. I hereby accept the a	appointment as reg	gistered
_	, ,								
									\
	Signature, typed or printed name of registered age				t signature n	required who	en reinstating) DAT		
12.	OFFICERS AN	ND DIRECTORS	1	3.	t signature n	_	en reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
12.	OFFICERS AN		1.1	3. 1 TITLE	t signature n	D	ADDITIONS/CHANGES TO OFFICER		R\$ IN 12
12.	OFFICERS AN COPT MOYA, FRANK MD	ND DIRECTORS	1.1 1.1 1.2	3. 1 TITLE 2 NAME		D Russ	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
12.	OFFICERS AN CDPT MOYA, FRANK MD 801 ARTHUR GODFREY RD.,	ND DIRECTORS	1.1 1.1 1.2 1.3	3. 1 TITLE 2 NAME 3 STREET	ADDRESS	D Russ	additions/changes to officer ell, William R. Riverside Avenue, #8	S AND DIRECTO Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CDPT MOYA, FRANK MD 801 ARTHUR GODFREY RD., 1 MIAMI BEACH FL 33140	ND DIRECTORS DELETE	1: 1.1 1.2 1.3 1.4	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS	D Russ 1000 Jack	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change	X Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN CDPT MOYA, FRANK MD 801 ARTHUR GODFREY RD., 1 MIAMI BEACH FL 33140 SD MCNULTY, JOAN	ND DIRECTORS ☐ DELETE #400 ☐ DELETE	1: 1.1 1.2 1.3 1.4 2.1 2.2	3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADDRESS - ZIP	D Russ 1000 Jack D Murb	ell, William R. Riverside Avenue, #8 sonville, FL 32232-4	Change Change Change	X Addition
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MIAMI BEACH FL 33140 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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

801 ARTHUR GODFREY ROAD, #400

SIGNATURE AND TYPED OR PRINTED