

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69537

1. Entity Name

ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

Principal Place of Business

Mailing Address

801 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140

801 ARTHUR GODFREY ROAD
SUITE 400
MIAMI BEACH FL 33140-3323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2820748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VILES, ROBERT P MD
STREET ADDRESS 801 ARTHUR GODFREY RD., #400
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LICHTIGER, MONTE MD
STREET ADDRESS 801 ARTHUR GODFREY RD., #400
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DWYER, RAYMOND
STREET ADDRESS 801 ARTHUR GODFREY ROAD, #400
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 changed, or on an attachment with an addendum with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90383 018 ***150.00



DO NOT WRITE IN THIS SPACE

F. MOYA

2/1/00 305
673-4357