

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90026 030 ***150.00

DOCUMENT # S69537

1. Entity 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**

2. Principal Place of Business

1320 S. Dixie Hwy

Suite, Apt. #, etc.

Suite 1060

City & State

Coral Gables, FL 33146

Zip

33146

Country

USA

3. Mailing Address

1320 S. Dixie Hwy.

Suite, Apt. #, etc.

Suite 1060

City & State

Coral Gables, FL 33146

Zip

33146

Country

USA

DO NOT WRITE IN THIS SPACE

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

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	CDPT	<input type="checkbox"/> Delete
NAME	MOYA, FRANK MD	
STREET ADDRESS	801 ARTHUR GODFREY RD., #400	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCNULTY, JOAN	
STREET ADDRESS	801 ARTHUR GODFREY ROAD., #400	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILES, ROBERT P MD	
STREET ADDRESS	801 ARTHUR GODFREY RD., #400	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LICHTIGER, MONTE MD	
STREET ADDRESS	801 ARTHUR GODFREY RD., #400	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREDERIC A, BERRY MD	
STREET ADDRESS	801 ARTHUR GODFREY ROAD, #400	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, RAYMOND	
STREET ADDRESS	801 ARTHUR GODFREY ROAD, #400	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1320 S. Dixie Hwy., Suite 1060
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1320 S. Dixie Hwy., Suite 1060
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1320 S. Dixie Hwy., Suite 1060
CITY-ST-ZIP	Coral Gables, FL 33146

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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, M.D.**3/20/2001**

Date

305-666-3002

Daytime Phone #

CR2E034 (10/00)