

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90157 041 ***150.00

0237827 AV

DOCUMENT # S69537

1. Entity Name
ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

Principal Place of Business
**1320 S. DIXIE HWY
 SUITE 1060
 CORAL GABLES FL 33146**

Mailing Address
**1320 S. DIXIE HWY
 SUITE 1060
 CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2820748**

Applied For
 Not Applicable

Zip Country

Zip Country

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, 2002 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
 NAME **CDPT MOYA, FRANK MD** ☐ Delete
 STREET ADDRESS **1320 S. DIXIE HWY., SUITE 1060**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE
 NAME **C/D Moya, Frank MD** ☒ Change ☐ Addition
 STREET ADDRESS **1320 S. Dixie Hwy., Suite 1060**
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE
 NAME **SD MCNULTY, JOAN** ☐ Delete
 STREET ADDRESS **1320 S. DIXIE HWY SUITE 1060**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE
 NAME **S/T/D McNulty, Joan** ☒ Change ☐ Addition
 STREET ADDRESS **1320 S. Dixie Hwy., Suite 1060**
 CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE
 NAME **D VILES, ROBERT P MD** ☐ Delete
 STREET ADDRESS **1320 S. DIXIE HWY SUITE 1060**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE
 NAME **VD LICHTIGER, MONTE MD** ☐ Delete
 STREET ADDRESS **1320 S. DIXIE HWY. SUITE 1060**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE
 NAME **D FREDERIC A, BERRY MD** ☐ Delete
 STREET ADDRESS **1320 S DIXIE HWY SUITE 1060**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE
 NAME **D DWYER, RAYMOND** ☐ Delete
 STREET ADDRESS **1320 S. DIXIE HWY SUITE 1060**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE
 NAME ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/02

CR2E034 (9/01)

Document # S69537
Anesthesiologists Professional Assurance Company

Attach mnts

Block 12 continuation

S69537
752760

P/D Change
Witherspoon, Gene C.
1320 S. Dixie Hwy., Suite 1060
Coral Gables, FL 33146

V Addition
~~Cockfield, Genevieve~~
1320 S. Dixie Hwy., Suite 1060
Coral Gables, FL 33146

V Addition
Burns, Jeffrey M.
1320 S. Dixie Hwy., Suite 1060
Coral Gables, FL 33146

V Addition
Soto, Carmen A.
1320 S. Dixie Hwy., Suite 1060
Coral Gables, FL 33146