


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90011 038 ***150.00

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
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94020113



2. Principal Place of Business 1000 Riverside Avenue	3. Mailing Address 225 Water Street
Suite, Apt. #, etc. 8th Floor	Suite, Apt. #, etc. Suite 1400
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32204	Country USA
Zip 32202	Country USA

01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOYA, FRANK MD 1320 S. DIXIE HWY., SUITE 1060 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCNULTY, JOAN 1320 S. DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILES, ROBERT P MD 1320 S. DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LICHTIGER, MONTE MD 1320 S. DIXIE HWY. SUITE 1060 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERIC A, BERRY MD 1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, DAVIE M 5270 N. SPRING VIEW DRIVE TUCSON, AZ 85749 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Byers, John R. 225 Water Street, Suite 1400 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Cown, Roberta Goes 225 Water Street, Suite 1400 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/T Sicilian, Louis 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P White, Robert E., Jr. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

SEE NEXT PAGE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy A. Parks **Peggy A. Parks** 2/23/04 **(904) 354-2482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext. 3287

Attachment

SG9537

**CONTINUATION OF
NUMBER 10 and 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
		Title Name St. Address City-ST-Zip	AS <input checked="" type="checkbox"/> Addition Wortelboer, Robert L., Jr. 1000 Riverside Avenue Jacksonville, FL 32204