

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90266 001 ***300.00

DOCUMENT # S69537

1. Entity Name
**ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE
COMPANY**



Principal Place of Business
**1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE, FL 32204**

Mailing Address
**225 WATER ST.
SUITE 1400
JACKSONVILLE, FL 32202**

66009597



01102006 Chg-P CR2E034 (11/05)

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BYERS, JOHN R	
STREET ADDRESS	225 WATER ST., STE. 1400	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	COWN, ROBERTA GOES	
STREET ADDRESS	225 WATER ST., STE. 1400	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SICILIAN, LOUIS	
STREET ADDRESS	1000 RIVERSIDE AVE., 8TH FLR.	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	THORPE, KIM D	
STREET ADDRESS	225 WATER ST., STE. 1400	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT E JR.	
STREET ADDRESS	1000 RIVERSIDE AVE., 8TH FLR.	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PARKS, PEGGY A	
STREET ADDRESS	225 WATER ST., STE. 1400	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wortelboer, Robert L., Jr.	
STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY - ST - ZIP	Jacksonville, FL 32204	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Divita, Charles III	
STREET ADDRESS	225 Water Street, Suite 1400	
CITY - ST - ZIP	Jacksonville, FL 32202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Archer, Laura	
STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY - ST - ZIP	Jacksonville, FL 32204	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rominger, Elizabeth	
STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY - ST - ZIP	Jacksonville, FL 32204	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bishop, James	
STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY - ST - ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

4/6/06

(904) 360-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 66009597
#S 69537

**CONTINUATION
OF
NUMBERS 10 AND 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	D	Title	CFO <input checked="" type="checkbox"/> Addition
Name	Anderson, John K. Jr.	Name	Divita, Charles III
St. Address	135 Professional Drive, Suite 106	St. Address	225 Water Street, Suite 1400
City-ST-Zip	Ponte Vedra Beach, FL 32082	City-ST-Zip	Jacksonville, FL 32202
Title	D	Title	VP
Name	Baratta, Robert O., M.D.	Name	Thackery, Becky
St. Address	31 S.E. Harbor Point Drive	St. Address	225 Water Street, Suite 1400
City-ST-Zip	Stuart, FL 34996	City-ST-Zip	Jacksonville, FL 32202
Title	D	Title	AVP
Name	Harden, M.C. III	Name	Tripp, Pamela E.
St. Address	806 Riverside Avenue	St. Address	225 Water Street, Suite 1400
City-ST-Zip	Jacksonville, FL 32204	City-ST-Zip	Jacksonville, FL 32202
Title	DGC	Title	AVP
Name	Kirschner, Kenneth M.	Name	Park, Russell W.
St. Address	300A Wharfside Way	St. Address	225 Water Street, Suite 1400
City-ST-Zip	Jacksonville, FL 32207	City-ST-Zip	Jacksonville, FL 32202
Title	D		
Name	McCoy, Terence P., M.D.		
St. Address	2412 West Plaza Drive		
City-ST-Zip	Tallahassee, FL 32308		
Title	D		
Name	Rich, John G.		
St. Address	111 Broadway, Suite 1303		
City-ST-Zip	New York, NY 10006		
Title	D		
Name	Ruffier, Joan D.		
St. Address	722 Alba Drive		
City-ST-Zip	Orlando, FL 32804		
Title	D		
Name	Selander, Guy T., M.D.		
St. Address	1731 University Boulevard South		
City-ST-Zip	Jacksonville, FL 32216		
Title	D <input checked="" type="checkbox"/> Delete		
Name	White, James G., M.D.		
St. Address	1688 W. Granada Blvd., Suite 2B		
City-ST-Zip	Ormond Beach, FL 32174		
Title	SVP <input checked="" type="checkbox"/> Delete		
Name	Dallero, Gary M.		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		
Title	EVP, CFO <input checked="" type="checkbox"/> Delete		
Name	Thorpe, Kim D.		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		