

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69537

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

## Current Principal Place of Business:

1000 RIVERSIDE AVENUE  
8TH FLOOR  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

225 WATER ST.  
SUITE 1400  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 59-2820748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BYERS, JOHN R  
Address: 225 WATER ST., STE. 1400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVP ( ) Delete  
Name: DIVITA, CHARLES III  
Address: 225 WATER ST SUITE 1400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVPT ( ) Delete  
Name: SICILIAN, LOUIS  
Address: 1000 RIVERSIDE AVE., 8TH FLR.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete  
Name: ROMINGER, ELIZABETH  
Address: 1000 RIVERSIDE AVE 8TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DP ( ) Delete  
Name: WHITE, ROBERT E JR.  
Address: 1000 RIVERSIDE AVE., 8TH FLR.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: AS ( ) Delete  
Name: PARKS, PEGGY A  
Address: 225 WATER ST., STE. 1400  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY A PARKS

AS

01/15/2009

Electronic Signature of Signing Officer or Director

Date