

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90272 043 \*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2820748**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Joseph, Davie Martin  
5270 N. Spring View Drive  
Tucson, AZ 85749** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
White, Robert Ellwood  
200 E. Kari Court  
Jacksonville, FL 32259** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Rader, David Lee  
7955 Little Fox Lane  
Jacksonville, FL 32256** ☐ Change ☒ Addition  
**Delete**

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

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

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

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

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

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/03**

CR2E034 (10/02)