

No. C 111849	Due no later than Aug 31, 2012 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MEDICAL PROFESSIONAL LIABILITY AGENCY, LTD. KATHLEEN LAURO 370 WEST PARK AVENUE LONG BEACH NY 11561	NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA 3. <u>New</u> Registered Agent Signature: *				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SCUDERI SALVATORE	370 WEST PARK AVE.	LONG BEACH	NY	USA	11561
DIRECTOR	TIMOTHY D DELANEY	370 WEST PARK AVE.	LONG BEACH	NY	USA	11561
SECRETARY	JOHN A PETRILLI	370 WEST PARK AVENUE	LONG BEACH	NY	USA	11561
5. Organized Under the Laws of: NY C 111849	6. Annual Report must be signed.* Signature: John A. Petrilli Name (type or print): John A. Petrilli		Date: 06/14/2012 Title: Secretary			
Processed 06/14/2012		* Electronically provided signatures are accepted as original signatures.				