

No. <b>C 111849</b>		<b>Due no later than Aug 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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	DAVID P DELANEY, JR.	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:  <b>NY C 111849</b>		6. Annual Report must be signed.* Signature: John Petrilli Name (type or print): John Petrilli Date: 06/14/2010 Title: Secretary				
Processed 06/14/2010		* Electronically provided signatures are accepted as original signatures.				