

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 17, 2020
Secretary of State
3575703721CC

Entity Name: FLORIDA MEDICAL INSURANCE CORPORATION

Current Principal Place of Business:

951 N WASHINGTON AVE
TITUSVILLE, FL 32796

Current Mailing Address:

951 N WASHINGTON AVE
TITUSVILLE, FL 32796 US

FEI Number: 81-2418876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title D
Name DIENST, FRANK DR
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title D
Name MANION, CHRISTOPHER DR
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title D
Name JOSEPH, LOUIS DR
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title D
Name GALFO, MARK DR
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title D
Name MIKITARIAN, GEORGE PHD
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title SECRETARY
Name THOMPSON, LORI
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

Title PRESIDENT
Name MCALPINE, CHRISTOPHER
Address 951 N WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32796

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER MCALPINE

PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date