

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004078

**FILED  
Mar 02, 2017  
Secretary of State  
CC9119609283**

**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

*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 MANION**

**D**

**03/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date