I hereby certify that the information indicated on this report or supplemental report is true and a	accurate and that my electronic signature shall have	e 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, Flo	orida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE CHRISTOPHER MANION	D	03/02/2017

D

# DOCUMENT# N1600004078

## 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

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER PO BOX 6200 (32314-6200) 200 E GAINES ST TALLAHASSEE, FL 32399-0000 US Certificate of Status Desired: No

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.

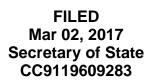
## SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Onicendite			
Title	D	Title	D
Name	DIENST, FRANK DR	Name	MANION, CHRISTOPHER DR
Address	951 N WASHINGTON AVE	Address	951 N WASHINGTON AVE
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796
Title	D	Title	D
Name	JOSEPH, LOUIS DR	Name	GALFO, MARK DR
Address	951 N WASHINGTON AVE	Address	951 N WASHINGTON AVE
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796
Title	D		
Name	MIKITARIAN, GEORGE PHD		
Address	951 N WASHINGTON AVE		
City-State-Zip:	TITUSVILLE FL 32796		

Electronic Signature of Signing Officer/Director Detail



Date