W: FILING FEE IS $61.25

FILED
Jun 15 1998 8:00am
Secretary of State

ORATION
NNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734846 (9)
Corporation Name

ESCULAPIUS SELF-INSURANCE TRUST CORPORATION, IN

[redacted]

al Place of Business	Mailing Address
LINS HUDIG HALL HEALTHCARE RISK, INC AMBRA CIRCLE SUITE 800 GABLES FL 33134	% ROLLINS HUDIG HALL HEALTHCARE RISK, INC 201 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/26/1976

4. FEI Number: 59-1644402 ☐ Applied For ☐ Not Applicable

cipal Place of Business	2a. Mailing Address
1001 BRICKELL BAY DRIVE	26 1001 BRICKELL BAY DRIVE
e, Apt. #, etc SUITE 1100	Suite, Apt. #, etc. 27 SUITE 1100
& State MIAMI FL	City & State 28 MIAMI, FL
33131 Country 25 USA	Zip 29 33131 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLLINS HUDIG HALL HEALTHCARE RISK, INC. 1 ALHAMBRA CIRCLE UITE #800 ORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

rsuant to the provisions of Sections 617.0502 and 617.1536, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

TURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
VC ☐ DELETE LAWSON, RALPH DDRESS 8900 N. KENDALL ZIP MIAMI FL	1.1 TITLE CHAIRMAN ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
[redacted] ☐ DELETE TEDESCO, ARTHUR DDRESS 7460 S.W. 62 AVENUE ZIP MIAMI FL	2.1 TITLE DIRECTOR ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
DS ☐ DELETE DUCASSE, KATHY DDRESS 4701 N MERIDIAN ZIP MIAMI FL	3.1 TITLE VICE CHAIRMAN & TREASURER ☒ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
T ☐ DELETE HEYDRICH, LAURA DDRESS 5000 UNIVERSITY DR. ZIP CORAL GABLES FL 33134	4.1 TITLE DIRECTOR ☒ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
SECRETARY ☐ DELETE SCHOENBORN, DAVID DDRESS 1400 NW 12 AVENUE ZIP MIAMI, FL 33136	5.1 TITLE ☐ Change ☒ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
DIRECTOR ☐ DELETE SCHUEBEL, ROBERT DDRESS 14001 DALLAS PARKWAY ZIP DALLAS, TX 75240	6.1 TITLE ☐ Change ☒ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP SCHUEBEL ROBERT -06/17/98--01001--003 ****61.25

CR2E037 (10/97)

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ficer 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 in ock 12 or Block 13 if changed, or on an attachment with an address.

NATURE: Frances B. Jenerich 6/8/1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/15/98 — Daytime Phone # (305) 4472283