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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H81115** **(8)**

1. Corporation Name
FLORIDA PHYSICIANS INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
SUITE 600 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204	SUITE 600 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204-4101

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/10/1985**
3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-6614702** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BREWER, DONALD R
1000 RIVERSIDE AVE
SUITE 800
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: Charles W. Emanuel
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Riverside Ave.
83: Suite 800
84 City: Jacksonville **FL** 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles W. Emanuel — Charles W. Emanuel VP/Secretary — 4/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN ELDIK, DICKK MD L M.D. See Attached		1.2 NAME		
STREET ADDRESS	437 N. COUNTRY CLUB DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462 Appendix I		1.4 CITY-ST-ZIP	See Attached Appendix II	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SELANDER, GUY T M.D.		2.2 NAME		
STREET ADDRESS	1731 UNIVERSITY BLVD. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, LOUIS C		3.2 NAME		
STREET ADDRESS	900 S. DELANEY		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANLEY, KAY K		4.2 NAME		
STREET ADDRESS	707 DRUID ROAD E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAGEN, J. STEWART M.D.		5.2 NAME		
STREET ADDRESS	3596 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAUSE, CURTIS E DDS		6.2 NAME		
STREET ADDRESS	7300 4TH ST NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 indicated 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] DONALD E SAGA 4/22/97 (904) [illegible] ext

Appendix I

Directors:

Gaston J. Acosta-Rua, M.D.
2323 Oak Street
Jacksonville, FL 32204

Richard J. Bagby, M.D.
124 E. Welbourne Ave
Winter Park, FL 32789-4306

Robert O. Baratta, M.D.
2090 S.E. Ocean Blvd.
Stuart, FL 34996-3304

James W. Bridges, M.D.
1190 N.W. 95th Street, #110
Miami, FL 33150

Curtis E. Gause, DDS
7300 4th Street North
St. Petersburg, FL 33702

J. Stewart Hagen, M.D.
1420 South Brandywine Circle
Ft. Myers, FL 33919

Louis C. Murray, M.D.
900 S. Delaney
Orlando, FL 32806

Guy T. Selander, M.D.
1731 Univ. Blvd. S.
Jacksonville, FL 32216

David M. Shapiro, M.D.
4035 Evans Ave.
Ft. Myers, FL 33901

Dick Van Eldik, M.D.
437 N. Country Club Drive
Atlantis, FL 33462

Henry M. Yonge, M.D.
14 W. Jordan St.
Pensacola, FL 32501

James G. White, M.D.
1688 W. Granada Blvd., Ste 2B
Ormond Beach, FL 32176

William R. Russell
1000 Riverside Ave., Ste 800
Jacksonville, FL 32204

Officers:

William R. Russell
President

Steven R. Smith
Executive Vice President/COO

Steven M. Rosenbloom
Senior Vice President

Robert B. Finch
Senior Vice President/CFO

Charles W. Emanuel
Vice President/Secretary

Donald J. Sabia
Vice President/Controller

R. Jeannie Whitter
Vice President

Ray A. Carey
Vice President

Kurt F. Driscoll
Vice President

Paul T. Luckman
Vice President

Address for all officers:
P.O. Box 44033, Jacksonville, FL 32231-4033

Appendix II

Changes in Directors & Officers between 12/31/95 and 12/31/96

Directors:

Deletions:

Kay K. Hanley
Director

Additions:

David M. Shapiro
Director

Officers:

Deletions:

Donald R. Brewer
Senior Vice President/Secretary

Additions:

Paul T. Luckman
Vice President