2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90106 050 ***150.00

DOCUMENT # H81115

1. Entity Name

FLORIDA PHYSICIANS INSURANCE COMPANY, INC.

637601

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
800 RIVERSIDE AVENUE JACKSONVILLE FL 32204	SUITE 800 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204-4101

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, DAVID M 4035 EVANS AVE FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17301 Frank Road Alma, FL 33920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUCKMAN, PAUL T P.O. BOX 44033 JAX FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACOSTA-RUA, GASTON J 1000 RIVERSIDE AVENUE, 8TH FLR JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2323 Oak Street Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAGBY, RICHARD 1000 RIVERSIDE AVENUE, 8TH FLR JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4138 Shorecrest Road Orlando, FL 32804
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDGES, JAMES W 1000 RIVERSIDE AVENUE, 8TH FLR JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1190 N.W. 95th St., #110 Miami, FL 33150
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUSE, CURTIS E 1000 RIVERSIDE AVENUE, 8TH FLR JACKSONVILLE FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/14/00 (904) 354-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Peggy A. Parks, Asst. Sec ext 3287

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
(Continuation)

Title	D	Addition
Name	Hagen, J. Stewart, M.D.	
Address	1420 South Brandywine Circle	
City, ST-Zip	Ft. Myers, FL 33919	
Title	D	Addition
Name	McCoy, Terence P., M.D.	
Address	2412 West Plaza Drive	
City, ST-Zip	Tallahassee, FL 32308	
Title	D	Addition
Name	Moya, Elizabeth, Esq.	
Address	801 Arthur Godfrey Road, Suite 400	
City, ST-Zip	Miami, FL 33140	
Title	D	Addition
Name	Selander, Guy T., M.D.	
Address	1731 University Boulevard South	
City, ST-Zip	Jacksonville, FL 32216	
Title	D	Addition
Name	White, James G., M.D.	
Address	1688 W. Granada Blvd., Suite 2B	
City, ST-Zip	Ormond Beach, FL 32174	
Title	D, P, COO	Addition
Name	Rader, David L.	
Address	1000 Riverside Avenue, 8th Floor	
City, ST-Zip	Jacksonville, FL 32204	
Title	D, CEO	Addition
Name	Russell, William R.	
Address	225 Water Street, Suite 1400	
City, ST-Zip	Jacksonville, FL 32202	
Title	SVP, S	Addition
Name	Byers, John R.	
Address	225 Water Street, Suite 1400	
City, ST-Zip	Jacksonville, FL 32202	
Title	SVP, CFO, T	Addition
Name	Thorpe, Kim D.	
Address	225 Water Street, Suite 1400	
City, ST-Zip	Jacksonville, FL 32202	
Title	SVP	Addition
Name	Rosenbloom, Steven M.	
Address	1000 Riverside Avenue, 8th Floor	
City, ST-Zip	Jacksonville, FL 32204	
Title	VP	Addition
Name	Carey, Ray A.	

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Address	1000 Riverside Avenue, 7th Floor	
City, ST-Zip	Jacksonville, FL 32204	
Title	VP	Addition
Name	Whitter, R. Jeannie	
Address	1000 Riverside Avenue, 8th Floor	
City, ST-Zip	Jacksonville, FL 32204	
Title	VP	Addition
Name	Driscoll, Kurt F.	
Address	1000 Riverside Avenue, 8th Floor	
City, ST-Zip	Jacksonville, FL 32204	
Title	VP	Addition
Name	Dixon, Melodee S.	
Address	1000 Riverside Avenue, 8th Floor	
City, ST-Zip	Jacksonville, FL 32204	
Title	Controller	Addition
Name	Deyo, Pamela D.	
Address	225 Water Street, Suite 1400	
City, ST-Zip	Jacksonville, FL 32202	
Title	AS	Addition
Name	Parks, Peggy A.	
Address	225 Water Street, Suite 1400	
City, ST-Zip	Jacksonville, FL 32202	