2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90005 015 ***150.00

J40200J1

DOCUMENT # H81115

1. Entity Name
FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
1000 RIVERSIDE AVENUE 8TH FLOOR JACKSONVILLE, FL 32204 US	225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202 US

01062004 Chg-P CR2E034 (10/03)

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
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACOSTA-RUA, GASTON J MD 2323 OAK STREET JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAGBY, RICHARD J MD 4138 SHORECREST ROAD ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDGES, JAMES W MD 8935 NE 10TH AVENUE MIAMI, FL 33188	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYERS, JOHN R 225 WATER STREET SUITE 1400 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, H RAYMOND DDS 943 CESERY BOULEVARD JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, TERENCE P MD 2412 WEST PLAZA DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition **CONTINUATION ON NEXT PAGE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta Goes Cown Roberta Goes Cown 2/23/04 (904) 354-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # Ext. 3315

Attachment

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CONTINUATION OF
NUMBER 10 and 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	D ☑ **Delete**	Title	AVP
Name	Moya, Esq., Elizabeth M.	Name	Thibodeau, Laura
St. Address	1320 South Dixie Highway, Ste. 1060	St. Address	1000 Riverside Avenue, 8th Floor
City-ST-Zip	Coral Gables, Florida 33146	City-ST-Zip	Jacksonville, FL 32204
Title	D		
Name	Selander, M.D., Guy T.		
St. Address	1731 University Boulevard South		
City-ST-Zip	Jacksonville, Florida 32216		
Title	D		
Name	Shapiro, M.D., David M.		
St. Address	5810 North Monroe St., Ste. 400, #304		
City-ST-Zip	Tallahassee, Florida 32303		
Title	D		
Name	Thrasher, Esq., John		
St. Address	225 Water Street, Suite 1800		
City-ST-Zip	Jacksonville, Florida 32202		
Title	D		
Name	White, M.D., James G.		
St. Address	1688 W. Granada Boulevard, Suite 2B		
City-ST-Zip	Ormond Beach, Florida 32174		
Title	DP		
Name	White, Jr., Robert E.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	SVP		
Name	Rominger, Elizabeth		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	Asst. VP ☑ **Delete**		
Name	Brackett, C. Joseph		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP ☑ **Delete**		
Name	Whitter, R. Jeannie		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Driscoll, Kurt F.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP/S		
Name	Wortelboer, Jr., Robert L.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		

Attachment

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	VP ☑ **Delete**		
Name	Izzo, Gary F.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Rapp, Cliff		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	SVP		
Name	Mawhinney, Joseph		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	SVP/T		
Name	Sicilian, Louis		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Scheriff, Fred		
St. Address	301 East Las Olas Blvd., Ste. 800		
City-ST-Zip	Ft. Lauderdale, Florida 33301		
Title	AS		
Name	Lanfri, Carol		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	AS		
Name	Cown, Roberta Goes		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, Florida 32202		