2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90044 020 ***150.00

DOCUMENT # H81115

1. Entity Name
FIRST PROFESSIONALS INSURANCE COMPANY, INC.

50018731

01072005 Chg-P CR2E034 (10/03)

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

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, 2005 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	D Selander, Guy T. M.D. 1731 University Blvd., South Jacksonville, FL 32216	☐ 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	D Shapiro, David M. M.D. 1000 Riverside Avenue, Suite 800 Jacksonville, FL 32204	☐ 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	D Thrasher, John E. 225 Water Street, Suite 1800 Jacksonville, FL 32202	☐ 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	DP White, Robert E. Jr. 1000 Riverside Avenue, Suite 800 Jacksonville, FL 32204	☐ 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 **See Attached**	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Robert L. Wortelboer, Jr. (904) 354-5910 Ext. 3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

#H81115-

CONTINUATION OF
NUMBER 10 and 11

ATTACHMENT 500187 31

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	SVP	Title	AVP ☑ **Addition**
Name	Rominger, Beth	Name	Adams, Melanie
St. Address	1000 Riverside Avenue, 8th Floor	St. Address	1000 Riverside Avenue, 8th Floor
City-ST-Zip	Jacksonville, FL 32204	City-ST-Zip	Jacksonville, FL 32204
Title	VP	Title	AVP ☑ **Addition**
Name	Scheriff, Frederick	Name	Bedford, John
St. Address	600 North Pine Island Rd., Ste. 250	St. Address	1000 Riverside Avenue, 8th Floor
City-ST-Zip	Plantation, Florida 33324	City-ST-Zip	Jacksonville, FL 32204
Title	VP		
Name	Driscoll, Kurt F.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	VPSGC		
Name	Wortelboer, Robert L., Jr.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	VP		
Name	Rapp, Clifford		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	SVPT		
Name	Sicilian, Lou		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	VP		
Name	Bishop, James		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	AVP		
Name	Archer, Laura		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	AS		
Name	Lanfri, Carol		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	AS		
Name	Cown, Roberta Goes		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		