2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L88049

Entity Name: FLORIDA PHYSICIANS ASSOCIATION LEGAL DEFENSE INSURANCE COMPANY, INC.

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1802
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 1802
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3020600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREW & HARPER, PL
6817 SOUTHPOINT PARKWAY
SUITE 1804
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: BREW, GEORGE K
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1804
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: HARPER, DEBRA S
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1804
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DVP ( ) Delete
Name: STANSELL, W.JOE
Address: 76 HARMONY HALL RD
City-St-Zip: DOCTOR'S INLET, FL 32068 US

Title: DP ( ) Delete
Name: EDWARDS, GEORGE T MD
Address: 2824 NE 38TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D (X) Delete
Name: HARPER, LEWIS W
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1804
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: HEDLEY, HALE E MD
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DVP (X) Change ( ) Addition
Name: BRIGHT, DAVID E MD
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1802
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DST (X) Change ( ) Addition
Name: HARPER, LEWIS W
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1804
City-St-Zip: JACKSONVILLE, FL 33216 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS W. HARPER D 04/26/2007

Electronic Signature of Signing Officer or Director — Date