


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90200 011 ***150.00

DOCUMENT # L88049 1. Entity Name FLORIDA PHYSICIANS ASSOCIATION LEGAL DEFENSE INSURANCE COMPANY, INC.					
Principal Place of Business 6817 SOUTHPOINT PARKWAY SUITE 1802 JACKSONVILLE, FL 32216 US			Mailing Address 6817 SOUTHPOINT PARKWAY SUITE 1802 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BREW & HARPER, PL 6817 SOUTHPOINT PARKWAY SUITE 1804 JACKSONVILLE, FL 32216				Name George K. Brew Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway Suite 1804 City Jacksonville FL Zip Code 32216	
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: <u><i>George K. Brew</i></u> GEORGE K. BREW <u>4-25-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVP BREW, GEORGE K <input type="checkbox"/> Delete 6817 SOUTHPOINT PARKWAY, SUITE 1804 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D/MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brew, George K. 6817 Southpoint Parkway, Suite 1804 Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP HEDLEY, HALE E MD <input type="checkbox"/> Delete 6817 SOUTHPOINT PARKWAY, SUITE 1802 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRIGHT, DAVID E MD <input checked="" type="checkbox"/> Delete 6817 SOUTHPOINT PARKWAY, SUITE 1802 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HARPER, LEWIS W <input checked="" type="checkbox"/> Delete 6817 SOUTHPOINT PARKWAY, SUITE 1804 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>George K. Brew</i></u> GEORGE K. BREW CEO <u>4-25-08</u> <u>904-854-6256</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60034200



04242008 Chg-P CR2E034 (12/06)

4. FEI Number **62-8920600** **90-0289065** Applied For Not Applicable

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