2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L88049

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

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1803
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 1803
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 90-0289065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREW, GEORGE K
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

OFFICERS AND DIRECTORS:

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

Title: DP
Name: HEDLEY, HALE E MD
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1803
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D
Name: LEVY, JANET C
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1803
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: GEORGE K. BREW TDMD 04/27/2011

Electronic Signature of Signing Officer or Director Date