

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20290

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA WORKERS' COMPENSATION INSTITUTE, INC.

**Current Principal Place of Business:**

1709 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 200  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number:** 59-2846608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCONNAUGHAY, JAMES N  
1709 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308 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:** D  
**Name:** MCCONNAUGHAY, JAMES N  
**Address:** 1709 HERMITAGE BOULEVARD, SUITE 100  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** D  
**Name:** RISSMAN, STEVEN A  
**Address:** 201 E. PINE ST., 15 FLOOR  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** D  
**Name:** PARRISH, J. DAVID  
**Address:** 790 N ORANGE AVENUE  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** D  
**Name:** ROSENTHAL, GERALD A  
**Address:** 1645 PALM BCH LAKES BLVD, #350  
**City-St-Zip:** WEST PALM BEACH, FL 33401

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES N. MCCONNAUGHAY

**DIRE**

**02/21/2011**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date