2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90010 047 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000040977

1. Entity Name
FLORIDA HEALTH PROFESSIONALS LEGAL EXPENSE INSURANCE, INC.

Principal Place of Business	Mailing Address
6320 ST. AUGUSTINE ROAD BUILDING 12 JACKSONVILLE, FL 32217	6320 ST AUGUSTINE RD. BLDG. 12 JACKSONVILLE, FL 32217

2. Principal Place of Business	3. Mailing Address
12276 SAN JOSE BLVD.	12276 SAN JOSE BLVD.
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State JACKSONVILLE FL	City & State JACKSONVILLE, FL
Zip 32223 Country U.S.	Zip 32223 Country U.S.

4. FEI Number 02-0590632 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
6320 ST. AUGUSTINE RD
BLDG. 12
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: WILLIAM R. HUSEMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 3733 UNIVERSITY BLVD WEST
SUITE 210B
City: JACKSONVILLE FL Zip Code: 32217

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: _____ 1/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P/T O'LESSKER, CHARLES S 6320 ST. AUGUSTINE ROAD BUILDING 12 JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12276 SAN JOSE BLVD, SUITE 301 JACKSONVILLE, FL 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUSEMAN, KRISTINE L 6320 ST. AUGUSTINE ROAD BUILDING 12 JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12276 SAN JOSE BLVD, SUITE 301 JACKSONVILLE, FL 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEDMAN, DONALD S MD. 4063 SALISBURY RD. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12276 SAN JOSE BLVD, SUITE 301 JACKSONVILLE, FL 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 1/10/2005 9042626556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #