2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# P02000040977

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

Current Principal Place of Business:

12276 SAN JOSE BLVD, STE 301
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12276 SAN JOSE BLVD, STE 301
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 02-0590632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES STREEET
TALLAHASSEE, FL 32399 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: P/T ( ) Delete
Name: O'LESSKER, CHARLES S
Address: 12276 SAN JOSE BLVD, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete
Name: HUSEMAN, KRISTINE L
Address: 12276 SAN JOSE BLVD, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: FREEDMAN, DONALD S MD.
Address: 12276 SAN JOSE BLVD, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHARLES S. O'LESSKER P 01/03/2006

Electronic Signature of Signing Officer or Director — Date