

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000040977  
 1. Entity Name  
 FLORIDA HEALTH PROFESSIONALS LEGAL EXPENSE INSURANCE, INC.



Principal Place of Business      Mailing Address  
 12276 SAN JOSE BLVD, STE 301      12276 SAN JOSE BLVD, STE 301  
 JACKSONVILLE, FL 32223      JACKSONVILLE, FL 32223



01092007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 02-0590632      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CHIEF FINANCIAL OFFICER  
 P.O. BOX 6200 32314-6200  
 200 E. GAINES STREET  
 TALLAHASSEE, FL 32399

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T O'LESSKER, CHARLES S 12276 SAN JOSE BLVD, SUITE 301 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUSEMAN, KRISTINE L 12276 SAN JOSE BLVD, SUITE 301 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREEDMAN, DONALD S MD. 12276 SAN JOSE BLVD, SUITE 301 JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/11/07-80014-020 150.00

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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: *Charles S O'Lessker*      1/9/2007      904 2626556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #