

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040977

FILED  
Jan 06, 2010  
Secretary of State

**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  
Name: OLESSKER, CHARLES S  
Address: 12276 SAN JOSE BLVD, SUITE 301  
City-St-Zip: JACKSONVILLE, FL 32223

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

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

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: CHARLES S OLESSKER

P

01/06/2010

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

\_\_\_\_\_ Date