

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000000690

FILED
Oct 25, 2004
Secretary of State

Entity Name: LDR INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

122 LITTLETON CIR
DELAND, FL 32724

New Principal Place of Business:

C/O JACK PELCHER
1852 JEAGA DRIVE
JUPITER, FL 33458

Current Mailing Address:

122 LITTLETON CIR
DELAND, FL 32724

New Mailing Address:

C/O JACK PELCHER
1852 JEAGA DRIVE
JUPITER, FL 33458

FEI Number: 20-0484431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIGHT, WILLIAM S
122 LITTLETON CIR
DELAND, FL 32724 US

Name and Address of New Registered Agent:

LIGHT, WILLIAM S
200 BROOKGREEN WAY
DELAND, FL 32724 US

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: WILLIAM S LIGHT

10/25/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIGHT, WILLIAM S
Address: 122 LITTLETON CIR
City-St-Zip: DELAND, FL 32724

Title: VPTD () Delete
Name: RAVLIN, LESTER D
Address: 122 LITTLETON CIR
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: DEMAG, DIANE M
Address: 122 LITTLETON CIR
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIGHT, WILLIAM S
Address: 200 BROOKGREEN WAY
City-St-Zip: DELAND, FL 32724

Title: VPTD (X) Change () Addition
Name: RAVLIN, LESTER D
Address: 200 BROOKGREEN WAY
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change () Addition
Name: DEMAG, DIANE M
Address: 200 BROOKGREEN WAY
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SCOTT LIGHT

MR

10/25/2004

Electronic Signature of Signing Officer or Director

Date