

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138789

FILED
Apr 10, 2006
Secretary of State

Entity Name: FLORIDA INDEPENDENT MANAGEMENT COMPANY

Current Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-4157373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, TIMOTHY W ESQ.
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207 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: D () Delete
Name: COMIS, JAMES C III
Address: 149 SPRING ST., APT. 8
City-St-Zip: NEW YORK, NY 10012 US

Title: D () Delete
Name: DUNWOODY, WILLIAM M
Address: 3711 SAN FELIPE, 14 A
City-St-Zip: HOUSTON, TX 77027 US

Title: D () Delete
Name: LOCKHORN, WILLIAM B
Address: 8031 WARWICK GARDENS LANE
City-St-Zip: UNIVERSITY PARK, FL 34201 US

Title: D () Delete
Name: SCHNITZER, BRUCE W
Address: 489 FIFTH AVE., 21ST FLOOR
City-St-Zip: NEW YORK, NY 10117 US

Title: D (X) Delete
Name: STRUCK, JOHN S
Address: 489 FIFTH AVE., STE 21ST FLOOR
City-St-Zip: NEW YORK, NY 10117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: ARNESON, BRUCE S
Address: 1000 RIVER ROAD, SUITE 300
City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: D (X) Change () Addition
Name: KEYSER, MARK J
Address: 1133 SUNWOOD LANE
City-St-Zip: LANCASTER, PA 17601 US

Title: DP (X) Change () Addition
Name: LOCKHORN, WILLIAM B
Address: 8031 WARWICK GARDENS LANE
City-St-Zip: UNIVERSITY PARK, FL 34201 US

Title: DT (X) Change () Addition
Name: LENTZ, THOMAS E
Address: 1000 RIVER ROAD, SUITE 300
City-St-Zip: CONSHOHOCKEN, PA 19428 US

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: TIMOTHY W. VOLPE, ESQ.

RA

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date