## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000138789

Title:

Name:

Address:

City-St-Zip:

FLORIDA INDEPENDENT MANAGEMENT COMPANY

FILED Apr 21, 2009 Secretary of State

Entity Name: FLORIDA INDEPENDENT MANAGEMI	ENT COMPANY		
Current Principal Place of Business:	New Principal Place of	of Business:	
501 RIVERSIDE AVENUE - 7TH FLOOR JACKSONVILLE, FL 32202			
Current Mailing Address:	New Mailing Address	:	
501 RIVERSIDE AVENUE - 7TH FLOOR JACKSONVILLE, FL 32202			
FEI Number: 20-4157373 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US	CFO 1201 HAYS STREET TALLAHASSEE, FL 32		
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MARK KEYSER		04/21/2009	
Electronic Signature of Registered Ag  Election Campaign Financing Trust Fund Contribution ( ).	ent	Date	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: DP () Delete Name: ARNESON, BRUCE S Address: 1000 RIVER ROAD, SUITE 300 City-St-Zip: CONSHOHOCKEN, PA 19428 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: DT () Delete  Name: KEYSER, MARK J  Address: 1133 SUNWOOD LANE  City-St-Zip: LANCASTER, PA 17601 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: DCEO ( ) Delete Name: LOCKHORN, WILLIAM B	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK KEYSER DT 04/21/2009

() Delete

MORGANTOWN, PA 19543 US

GEORGE, THOMAS C

83 KANE ROAD

() Change () Addition