

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123651

FILED
Apr 30, 2009
Secretary of State

Entity Name: FSPS INSURANCE CORPORATION

Current Principal Place of Business:

1945 LANE AVENUE SOUTH
SUITE 5
JACKSONVILLE, FL 32210

New Principal Place of Business:

5911 HICKS RD
JACKSONVILLE, FL 32244

Current Mailing Address:

1945 LANE AVENUE SOUTH
SUITE 5
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

FEI Number: 26-1421898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
SUITE 115
JACKSONVILLE, FL 32204 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: LURIA, L. WILLIAM MD
Address: 1945 LANE AVENUE SOUTH, SUITE 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: VITALE-LEWIS, VICTORIA MD
Address: 1945 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: OBI, JOHN J MD
Address: 1945 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: CALLAHAN, WANDA L
Address: 1945 LANE AVE #5
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LURIA, L. WILLIAM MD
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: VITALE-LEWIS, VICTORIA MD
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: OBI, JOHN J MD
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: S (X) Change () Addition
Name: CALLAHAN, WANDA L
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

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.

SIGNATURE: WANDA CALLAHAN

S

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date