2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# P07000123651

Entity Name: FSPS INSURANCE CORPORATION

Current Principal Place of Business:

5911 HICKS RD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441745
JACKSONVILLE, FL 32222

New Mailing Address:

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
Name: LURIA, L. WILLIAM MD
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

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

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

Title: S
Name: CALLAHAN, WANDA L
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

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: WANDA CALLAHAN M 02/16/2010

Electronic Signature of Signing Officer or Director Date