FPIC INSURANCE GROUP, INC.

## P9600013107

July 12, 2001

700004474497--07 -07/13/01--01056--007 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

FPIC Insurance Agency, Inc.

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above named entity. Also enclosed is our check in the amount of \$35.00 representing the required filing fee.

If you have any questions, please call me.

Yours truly,

Peggy A. Parks

Assistant Secretary/

Director of Paralegal Services

Enclosures
Agency/Letters/Division of Corporations.071201

FILED

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SECKLIARY OF STATE
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T BROWN JUL 1 6 2001

R.A. Change

## "STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

<del></del>	rions of sections 607.0502, ration organized under the le		i i	ida Statutes,
	statement in order to change			t, or both, in
the State of Florida.				
1. The name of the corp	poration: FPIC Insuranc	e Agency, Inc.	· · · · · · · · · · · · · · · · · · ·	
				<del></del>
2. The mailing address	of the corporation: 1000 R	<u>iverside Avenue</u>	, 8th Floor	
	Jackso	nville, FL 3220	4	
3. Date of incorporation	on/qualification: February	12, 1996 Docum	ent number: <u>P96000</u>	0013107
4. The name and address	ss of the current registered a	gent and office:		2. a. <del> </del>
John	R. Byers			0
_225 W	ater Street, Suite 14	00		
Jacks	onville, FL 32202			型に一
5. The name and address	ss of the new registered ager (P. O. Box N	nt (if changed) and/o ot Acceptable)	or registered office (if	on the contract of the contrac
<del></del>		<del></del>		3: 50 FLOM
_225_W	ater Street, Suite 14	00		Dr.
	onville, FL 32202		· · · · · · · · · · · · · · · · · · ·	<u>.</u> — <u> </u>
The street address of it agent, as changed, will	ts registered office and the s	treet address of the	business office of its	s registered
Such change was authorized by the board	orized by resolution duly add.	opted by its board o	of directors or by an	officer so
Hank)	nu_	<del>-</del>	7-3-01	
(Signature of an office	cer, chairman or vice chairman of the	board)	(Date)	
Kim D. Thorpe, Vic	e President inted or typed name and title)		. <del>(</del>	No.
Having been named as corporation, I hereby of I further agree to comp performance of my duit registered agent.	s registered agent and to acc accept the appointment as r ply with the provisions of al ties, and I am familiar with	cept service of proc egistered agent and I statutes relative to and accept the obli	tess for the above sta I agree to act in this To the proper and com gation of my position	ted capacity. iplete i as
Dd + Ha	and Court	- -	2/2/21	
(Signature	of Registered Agent)	· · · · · · · · · · · · · · · · · · ·	(Date)	<del></del>
If signing on behalf of an e	ntity:		,	
	Dwinted Name		(Capacity)	
(lyped or	Printed Name)		(Capacity)	
	* * * FILING F	TEE: \$35.00 * * *		

CR2E045(9/00)