

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90053 031 \*\*\*150.00

**DOCUMENT # P96000013107**

1. Entity Name  
FPIC INSURANCE AGENCY, INC.



Principal Place of Business  
1000 RIVERSIDE AVENUE  
8TH FLOOR  
JACKSONVILLE, FL 32204

Mailing Address  
225 WATER ST  
SUITE 1400  
JACKSONVILLE, FL 32202 US

40021370



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3359116

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COWN, ROBERTA G  
225 WATER STREET, SUITE 1400  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	DALLERO, GARY M
STREET ADDRESS	225 WATER STREET STE 1400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DVPT
NAME	THORPE, KIM D
STREET ADDRESS	225 WATER ST SUITE 1400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	WHITE, ROBERT E JR
STREET ADDRESS	1000 RIVERSIDE AVE, 8TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	AS
NAME	PARKS, PEGGY A
STREET ADDRESS	225 WATER ST, SUITE 1400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DS
NAME	COWN, ROBERTA GOES
STREET ADDRESS	225 WATER STREET, SUITE 1400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	P
NAME	DRISCOLL, KURT F
STREET ADDRESS	1000 RIVERSIDE AVE, 8TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32204

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peggy A. Parks**

Date

2/22/05

**(904) 354-2482**

Daytime Phone

**Ext. 3287**