

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90029 038 \*\*\*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
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40010487



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3359116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GRAHAM, MALCOLM T  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIVITA, CHARLES III 225 WATER ST STE 1400 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICILIAN, LOUIS V 1000 RIVERSIDE AVE 8TH FL JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT E JR 1000 RIVERSIDE AVE, 8TH FLOOR JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARKS, PEGGY A 225 WATER ST, SUITE 1400 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORTELBOER, ROBERT L JR 1000 RIVERSIDE AVE 8TH FL JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRISCOLL, KURT F 1000 RIVERSIDE AVE, 8TH FLOOR 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 exemptions contained 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 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: Peggy A. Parks **Peggy A. Parks** 1/23/08 **904-360-3605**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #