

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90031 025 ***150.00

DOCUMENT # P96000013117

1. Entity Name
FPIC INSURANCE GROUP, INC.

Principal Place of Business
225 WATER STREET, STE. 1400
JACKSONVILLE FL 32202
US

Mailing Address
225 WATER STREET, STE. 1400
JACKSONVILLE FL 32204
US

2. Principal Place of Business

3. Mailing Address
225 Water Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip

32202

Country

USA

4. FEI Number **59-3359111**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYERS, JOHN R
225 WATER STREET STE 1400
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHAPIRO, DAVID M. M.D.**
STREET ADDRESS **2152 SEA FERN WAY**
CITY-ST-ZIP **ST. GEORGE ISLAND FL 32328**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5810 N. Monroe St., Suite 400, #304**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **DPCE** ☐ Delete
NAME **BYERS, JOHN R**
STREET ADDRESS **225 WATER STREET, STE. 1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **CETIN, KURT J**
STREET ADDRESS **225 WATER STREET, STE. 1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DEYO, PAMELA D**
STREET ADDRESS **225 WATER STREET, STE. 1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPS** ☐ Delete
NAME **COWN, ROBERTA G**
STREET ADDRESS **225 WATER STREET, STE. 1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **PARKS, PEGGY A**
STREET ADDRESS **225 WATER STREET, STE. 1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEE ATTACHED SHEET

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy A. Parks
Peggy A. Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Parks

Date

Daytime Phone #

1/18/02

(904) 354-2482

CR2E034 (9/01)

attachment
Doc# 916000013117
916525

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Yonge, Henry M. 3409 Chantarene Drive Pensacola, FL 32507 <input checked="" type="checkbox"/> Delete	Title Name St. Address City-ST-Zip	D Harden, M.C. III 806 Riverside Avenue Jacksonville, FL 32204 <input checked="" type="checkbox"/> Addition
Title Name St. Address City-ST-Zip	EVP, CFO Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202	Title Name St. Address City-ST-Zip	
Title Name St. Address City-ST-Zip	SVP Dallero, Gary M. 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	VP Divita, Charles III 225 Water Street, Suite 1400 Jacksonville, FL 32202		
			AS Mackey, Lori 225 Water Street, Suite 1400 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Addition

Attachment
Doc # P9600001311
9165257

**CONTINUATION
OF
NUMBERS 11 AND 12**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Acosta-Rua, Gaston J., M.D. 2323 Oak Road Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	D Bagby, Richard J., M.D. 4138 Shorecrest Road Orlando, FL 32804		
Title Name St. Address City-ST-Zip	D Baratta, Robert O., M.D. 31 S.E. Harbor Point Drive Stuart, FL 34996		
Title Name St. Address City-ST-Zip	D Bridges, James W., M.D. 1190 N.W. 95 th St., #110 Miami, FL 33150	Title Name St. Address City-ST-Zip	<input checked="" type="checkbox"/> Change 8935 N.E. 10 th Avenue Miami, FL 33138
Title Name St. Address City-ST-Zip	D Gause, Curtis E., D.D.S. 1601 43 rd St., North, #135 St. Petersburg, FL 33703		
Title Name St. Address City-ST-Zip	D Hagen, J. Stewart, M.D. <input checked="" type="checkbox"/> Delete 1420 South Brandywine Circle Ft. Myers, FL 33919		
Title Name St. Address City-ST-Zip	D <input checked="" type="checkbox"/> Delete Moya, Frank, M.D. 1320 S. Dixie Highway, Ste. 1060 Coral Gables, FL 33146	Title Name St. Address City-ST-Zip	D <input checked="" type="checkbox"/> Addition Witherspoon, Gene C. 1320 S. Dixie Highway, Ste. 1060 Coral Gables, FL 33146
Title Name St. Address City-ST-Zip	D Murray, Louis C. 900 S. Delaney Orlando, FL 332806		
Title Name St. Address City-ST-Zip	D Selander, Guy T., M.D. 1731 University Boulevard South Jacksonville, FL 32216		
Title Name St. Address City-ST-Zip	D Van Eldik, D.L., M.D. <input checked="" type="checkbox"/> Delete 208 Palm Circle Atlantis, FL 33462	Title Name St. Address City-ST-Zip	D <input checked="" type="checkbox"/> Addition Anderson, John K. Jr. 1776 American Heritage Life Drive Jacksonville, FL 32224
Title Name St. Address City-ST-Zip	D White, James G., M.D. 1688 W. Granada Blvd., Suite 2B Ormond Beach, FL 32174		