


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90005 014 \*\*\*150.00

<b>DOCUMENT # P96000013117</b> 1. Entity Name <b>FPIC INSURANCE GROUP, INC.</b>					
Principal Place of Business <b>225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32204 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3359111</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BYERS, JOHN R 225 WATER STREET STE 1400 JACKSONVILLE, FL 32202</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAPIRO, DAVID M. M.D. 5810 N MONROE ST., STE 400 #304 TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCE BYERS, JOHN R 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP CETIN, KURT J 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DEYO, PAMELA D 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Harvey, Pamela Deyo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS COWN, ROBERTA G 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS PARKS, PEGGY A 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CONTINUATION ON NEXT PAGE</b>					
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.					
<b>SIGNATURE: <i>Peggy A. Parks</i> Peggy A. Parks 2/23/04 (904) 354-2482</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

**Ext. 3287**

Attachment

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CONTINUATION  
OF  
NUMBERS 10 AND 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name	D <input checked="" type="checkbox"/> Delete Acosta-Rua, Gaston J., M.D.	Title Name	D <input checked="" type="checkbox"/> Addition Rich, John G.
St. Address	2323 Oak Road	St. Address	111 Broadway, Suite 1303
City-ST-Zip	Jacksonville, FL 32204	City-ST-Zip	New York, NY 10006
Title Name	D Bagby, Richard J., M.D.		
St. Address	4138 Shorecrest Road		
City-ST-Zip	Orlando, FL 32804		
Title Name	D Baratta, Robert O., M.D.		
St. Address	31 S.E. Harbor Point Drive		
City-ST-Zip	Stuart, FL 34996		
Title Name	D Bridges, James W., M.D.		
St. Address	8935 N.E. 10 <sup>th</sup> Avenue		
City-ST-Zip	Miami, FL 33138		
Title Name	D <input checked="" type="checkbox"/> Delete Witherspoon, Gene C.		
St. Address	1320 S. Dixie Highway, Ste. 1060		
City-ST-Zip	Coral Gables, FL 33146		
Title Name	D <input checked="" type="checkbox"/> Delete Murray, Louis C., M.D.	Title Name	D <input checked="" type="checkbox"/> Addition McCoy, Terence P., M.D.
St. Address	900 S. Delaney	St. Address	2412 West Plaza Drive
City-ST-Zip	Orlando, FL 332806	City-ST-Zip	Tallahassee, FL 32308
Title Name	D Selander, Guy T., M.D.		
St. Address	1731 University Boulevard South		
City-ST-Zip	Jacksonville, FL 32216		
Title Name	D Anderson, John K. Jr.	Title Name	<input checked="" type="checkbox"/> Change 225 Water Street, Suite 1200
St. Address	1776 American Heritage Life Dr.	St. Address	Jacksonville, FL 32202
City-ST-Zip	Jacksonville, FL 32224	City-ST-Zip	
Title Name	D White, James G., M.D.		
St. Address	1688 W. Granada Blvd., Suite 2B		
City-ST-Zip	Ormond Beach, FL 32174		
Title Name	D Harden, M.C. III		
St. Address	806 Riverside Avenue		
City-ST-Zip	Jacksonville, FL 32204		
Title Name	D Kirschner, Kenneth M.		
St. Address	300A Wharfside Way		
City-ST-Zip	Jacksonville, FL 32207		

*Attachment*

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Ruffier, Joan D. 722 Alba Drive Orlando, FL 32804		
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	SVP Dallero, Gary M. 225 Water Street, Suite 1400 Jacksonville, FL 32202		