

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90266 001 ***300.00

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01102006 Chg-P CR2E034 (11/05)

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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3359111	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, DAVID M. M.D. 5810 N MONROE ST., STE 400 #304 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shapiro, David M. M.D. 1400 Village Square Blvd. #3-259 Tallahassee, FL 32313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE BYERS, JOHN R 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202 <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	D BAGBY, RICHARD J M.D. 4138 SHORECREST ROAD ORLANDO, FL 32804 <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	VP HARVEY, PAMELA D 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Harvey, Pamela Deyo 225 Water Street, Suite 1400 Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS COWN, ROBERTA G 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202 <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	AS PARKS, PEGGY A 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Peggy A. Parks</u> Peggy A. Parks, Assistant Secretary <u>7/6/06</u> (904) 360-3605 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

6600 9596

FPIC

INSURANCE GROUP, INC.

April 6, 2006

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: FPIC Insurance Group, Inc. (P96000013117)
Anesthesiologists Professional Assurance Company (S69537)

Dear Sir/Madam:

Enclosed for filing are the 2006 For Profit Corporation Annual Reports for FPIC Insurance Group Inc. ("FPIC") and Anesthesiologists Professional Assurance Company ("APAC"), together with our check in the amount of \$300.00 representing the required filing fee for FPIC and APAC, respectively.

Please call me at (904) 360-3605 if you have any questions.

Yours truly,



Peggy A. Parks
Assistant Corporate Secretary/
Director of Paralegal Services

Enclosure (Check No. 0000034269)
Annual Report/2006/FPIC and APAC.040606