

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 030 ***150.00

DOCUMENT # P96000013117

1. Entity Name
EPIC 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3359111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SHAPIRO, DAVID M. M.D.
STREET ADDRESS 1400 VILLAGE SQ BLVD #3-259
CITY-ST-ZIP TALLAHASSEE, FL 32313

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

TITLE D ☐ Delete
NAME BAGBY, RICHARD J M.D.
STREET ADDRESS 4138 SHORECREST ROAD
CITY-ST-ZIP ORLANDO, FL 32804

TITLE VPS ☐ Delete
NAME HARVEY, PAMELA D
STREET ADDRESS 225 WATER ST SUITE 1400
CITY-ST-ZIP JACKSONVILLE, FL 32202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Change ☒ Addition
NAME Baratta, Robert O., M.D.
STREET ADDRESS 31 S. E. Harbor Point Drive
CITY-ST-ZIP Stuart, FL 34996

TITLE D ☐ Change ☒ Addition
NAME Kirschner, Kenneth M.
STREET ADDRESS 300A Wharfside Way
CITY-ST-ZIP Jacksonville, FL 32207

TITLE CFO ☐ Change ☒ Addition
NAME Divita, Charles III
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE VP ☒ Change ☐ Addition
NAME Harvey, Pamela D.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE CCS ☐ Change ☒ Addition
NAME Graham, T. Malcolm
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE VP ☐ Change ☒ Addition
NAME Thackery, Becky A.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

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

3/13/07

(904) 360-3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
**CONTINUATION
 OF
 NUMBERS 10 AND 11**

20006671
 # P96000013117

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Anderson, John K. Jr. 135 Professional Drive, Suite 106 Ponte Vedra Beach, FL 32082		
Title Name St. Address City-ST-Zip	D Harden, M.C. III 806 Riverside Avenue Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	D McCoy, Terence P., M.D. 2412 West Plaza Drive Tallahassee, FL 32308	Title Name St. Address City-ST-Zip	<input checked="" type="checkbox"/> Change 14499 Cypress Island Circle Palm Beach, FL 33410
Title Name St. Address City-ST-Zip	D Rich, John G. 111 Broadway, Suite 1303 New York, NY 10006		
Title Name St. Address City-ST-Zip	D Ruffier, Joan D. 722 Alba Drive Orlando, FL 32804		
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	AVP <input checked="" type="checkbox"/> Delete Tripp, Pamela E. 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	AVP Park, Russell W. 225 Water Street, Suite 1400 Jacksonville, FL 32202		