

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2008 90029 040 \*\*\*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**

40010400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 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

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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**

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

TITLE **CD** ☐ Delete  
NAME **BARATTA, ROBERT O MD**  
STREET ADDRESS **31 S E HARBOR POINT DRIVE**  
CITY-ST-ZIP **STUART, FL 34996**

**SEE ATTACHED**

TITLE **D** ☒ Change ☐ Addition  
NAME **Baratta, Robert O. MD**  
STREET ADDRESS **31 SE Harbor Point Drive**  
CITY-ST-ZIP **Stuart, FL 34996**

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 #

**ATTACHMENT**  
CONTINUATION  
OF  
NUMBERS 10 AND 11

# 40010485  
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 Harden, M.C. III 501 Riverside Avenue Jacksonville, FL 32202 <input checked="" type="checkbox"/> Change
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	D McCoy, Terence P., M.D. 14499 Cypress Island Circle Palm Beach, FL 33410 <input checked="" type="checkbox"/> Change
Title Name St. Address City-ST-Zip	CD Kirschner, Kenneth M. 300A Wharfside Way Jacksonville, FL 32207		
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	CFO Divita, Charles III 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	GCS Graham, T. Malcolm 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	VP White, Robert E. Jr. 1000 Riverside Avenue, 8 <sup>th</sup> Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Thackery, Becky A. 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		