

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082156 (6)
1. Corporation Name
DUNEDIN PHYSICIANS INSURANCE MANAGEMENT, INC.



Principal Place of Business: 935 PINE HILL ROAD, PALM HARBOR FL 34683
Mailing Address: 935 PINE HILL ROAD, PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

3. Date Incorporated or Qualified: 10/04/1996
4. FEI Number: 59-3428473
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
ELLIOT, BRIAN G.
501 EAST KENNEDY BLVD. #1700
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: JOSE L. VELAZQUEZ, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 935 PINE HILL RD.
83
84 City: PALM HARBOR, FL 85 Zip Code: 34683

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jose L. Velazquez MD (JOSE L. VELAZQUEZ) 1/20/98
Signature typed or printed name of registered agent and applicable (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELAZQUEZ, JOSE L M.D.	1.2 NAME	
STREET ADDRESS	935 PINE HILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SUSAN M.D.	2.2 NAME	
STREET ADDRESS	3890 TAMPA ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENZEL, ROSEMARIE M.D.	3.2 NAME	
STREET ADDRESS	7300 STATE ROAD 54	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jose L. Velazquez MD Velazquez (813) 784-0142

CR2E034 (10/97)