85

Zip Code

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600082156

1. Corporation Name

DUNEDIN PHYSICIANS INSURANCE MANAGEMENT, INC.

Principal Place of Business	Mailing Address			t the state of the diff haste many many many	
935 PINE HILL ROAD PALM HARBOR FL 34683	935 PINE HILL ROAD PALM HARBOR FL 34683			DO NOT WRITE IN THI	S SPACE
				3. Date incorporated or Qualifed 10/04/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3428473	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29 30	Country		This corporation owes the current year in Personal Property Tax.	ntangible □ Yes ⊠ No
9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered	d Agent
VELAZQUE, JOSE L 935 PINE HILL RD		81 82	Name Street Addr	ess (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34683		83			

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

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office ör re agent. I ar	egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florid	norized by the corpo a Statutes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE			required when reinstating) DATE
		egistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Charge C 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 DELETE	2.1 TITLE	☐ Change ☐ 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 DELETE	3.1 TITLE	☐ Change ☐ 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	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change 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, with all other like empowered.

SIGNATURE: