

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90165 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000005255**

1. Corporation Name  
**FPIC SERVICES, INC.**



Principal Place of Business 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204	Mailing Address 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

59-3487751

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYERS, JOHN R  
 50 N. LAURA STREET SUITE 2800  
 JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
 1000 Riverside Avenue, 8th Floor

83

84 City

Jacksonville

FL

85 Zip Code  
 32204

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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
NAME	RUSSELL, WILLIAM R	
STREET ADDRESS	1000 RIVERSIDE AVENUE SUITE 800	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bagby, Richard J,	
1.3 STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
1.4 CITY-ST-ZIP	Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, STEVEN R	
STREET ADDRESS	1000 RIVERSIDE AVENUE SUITE 800	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	FINCH, ROBERT B	
STREET ADDRESS	1000 RIVERSIDE AVENUE SUITE 800	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

3.1 TITLE	D/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTY-GOLDER, BARBARA	
STREET ADDRESS	23 WEBB STREET	
CITY-ST-ZIP	OSPREY FL 34229	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHADY-KING, BECKETT	
STREET ADDRESS	23 WEBB STREET	
CITY-ST-ZIP	OSPREY FL 34229	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, SYLVIA B	
STREET ADDRESS	1000 RIVERSIDE AVENUE SUITE 800	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

6.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert B. Finch* 4/2/99 (904) 354-5910  
 Date Daytime Phone #

CR2E034 (11/98)