

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90142 038 ***150.00

DOCUMENT # P98000005255

1. Entity 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 32204-4101
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 225 Water Street Suite, Apt. #, etc. Suite 1400 City & State Jacksonville, FL Zip 32202	Country USA	3. Mailing Address 225 Water Street Suite, Apt. #, etc. Suite 1400 City & State Jacksonville, FL Zip 32202	Country USA
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4. FEI Number 59-3487751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BYERS, JOHN R
1000 RIVERSIDE AVENUE
8TH FLOOR
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name **John R. Byers**
 Street Address (P.O. Box Number is Not Acceptable)
225 Water Street
Suite 1400
 City **Jacksonville** **FL** Zip Code **32202**

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.

SIGNATURE **4/13/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, WILLIAM R 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, STEVEN R 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FINCH, ROBERT B 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTY-GOLDER, BARBARA 23 WEBB STREET OSPREY FL 34229 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADY-KING, BECKETT 23 WEBB STREET OSPREY FL 34229 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DAVIS, SYLVIA B 1000 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 Water Street, Suite 1400 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Byers, John R. 225 Water Street, Suite 1400 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bagby, Richard J. 4138 Shorecrest Road Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/13/00** **(904) 254-2482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PAGE 4 A - TACKS **32207**

CC-4 (FORM 1)