

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90074 031 ***150.00

DOCUMENT # P98000005255

1. Entity Name

FPIC Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 Riverside Avenue

Suite, Apt. #, etc.

8th Floor

City & State

Jacksonville, Florida

Zip

32204

Country

USA

3. Mailing Address

225 Water Street

Suite, Apt. #, etc.

Suite 1400

City & State

Jacksonville, Florida

Zip

32202

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3487751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Roberta Goes Cown

Street Address (P.O. Box Number is Not Acceptable)

225 Water Street

Suite 1400

City

Jacksonville

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D
NAME Harty-Golder, Barbara
STREET ADDRESS 23 Webb Street
CITY-ST-ZIP Osprey, Florida 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Shady-King, Beckett
STREET ADDRESS 23 Webb Street
CITY-ST-ZIP Osprey, Florida 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Bagby, M.D., Richard J.
STREET ADDRESS 4138 Shorecrest Road
CITY-ST-ZIP Orlando, Florida 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/S
NAME Byers, John R.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Thorpe, Kim D.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, Florida 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME Parks, Peggy A.
STREET ADDRESS 225 Water Street, Suite 1400
CITY-ST-ZIP Jacksonville, Florida 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Parks

Date

(904) 354-2482

Daytime Phone # **Ext. 3287**

CR2E034B (12/01)

FPIC INSURANCE GROUP, INC.

420415

February 22, 2002

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: FPIC Services, Inc. (P98000005255)

Dear Sir/Madam:

Enclosed for filing is the 2002 Uniform Business Report for FPIC Services, Inc., together with our check in the amount of \$150.00 representing the required filing fee.

Please call me if you have any questions.

Yours truly,

Peggy Parks

Peggy Parks
Assistant Corporate Secretary/
Director of Paralegal Services

Enclosure (Check No. 018419)