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Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90165 013 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800070043

1. Corporation Name

Principal Place of Business

FPIC PUBLISHING, INC.

1000 11112110102 11121102		1000 RIVERSIDE AVENUE SUITE 800						
00112 000		JACKSONVILLE FL 32204			DO NOT WRITE IN THIS SPACE			
With the second					3. Date Incorporated or Qualifed			
					08/12/1998		1	
Principal Place of Business 2a. Mailing Address			4. FEI Number		4. FEI Number		Applied For	
21	_ · _				59-354514	15	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired See Require				
27						Required		
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution . Added to Fees			
Zip	Country	Zip	Country	,	8. This corporation owes the current		_	
24	25	29 30			Personal Property Tax.	Yes	□No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name				
				Name				
BYERS, JOHN R				82 Street Address (P.O. Box Number is Not Acceptable)				
50 N. LAURA STREET				1000 Riverside Avenue, 8th Floor				
SUITE 2800				1000	ATTOTOTICO TOTAL	11001		
JACKSONVILLE FL 32202				Oit.		85 Zi	p Code	
				City			-	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	r Fiorida. Such change was autr	norizea by	the corpo	corporation submits this statement for the proration's board of directors. I hereby accept	irpose of changing the appointment as	its registered registered	
SIGNATURE		AIOTE D		at aigeatura s	anyind when rejectating)	DATE		
				egistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	D OFFICERS AND	DELETE	1,1 TITLE			Chang		
			1.2 NAME		D/P	X		
NAME	11000ELE, TILEBUTT			**********				
THE THE THE THE THE TABLE TO TH				T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32204	□ DELETE	1.4 CITY-5	T-ZIP		☆ Chang	e Addition	
TITLE	D	□ pere ie	2.1 TITLE		D/S/T	A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	FINCH, ROBERT B		2.2 NAME					
STREET ADDRESS	1000 RIVERSIDE AVENUE SUITE	800	2.3 STREE	TADDRESS		••		
CITY-ST-ZIP	JACKSONVILLE FL 32204		2. 4 CITY-	ST-ZIP		[T] Chang	a	
TITLE		☐ DELETE	31 TITLE		CEO	[] Citali	ge 😾 Addition	
NAME			3.2 NAME		Ryan, Amy			
STREET ADDRESS 3.3 ST			3.3 STREE	TADDRESS	1000 Riverside Avenue, 8th Floor			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Jacksonville,FL 32204			
TITLE		☐ DELETE	4.1 TITLE		D	Chang	ge X Addition	
NAME			4.2 NAME		Byers, John R.		}	
STREET ADDRESS			4.3 STREE	TADDRESS	1000 Riverside Avenue,	8th Floor		

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

JOHN

☐ DELETE

☐ DELETE

Change

Change

Addition

☐ Addition

Jacksonville, FL 32204-