12 P98000070043

FPIC INSURANCE GROUP, INC.

September 11, 2000

100003389611--8 -09/12/00-01037--004 *****35.00 ******35.00

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

FPIC Publishing, Inc.

Dear Sir/Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above named entity. Also enclosed is our check in the amount of \$35.00 representing the required filing fee.

If you have any questions, please call me.

Yours truly,

Peggy A. Parks
Assistant Secretary/

Director of Paralegal Services

a. Parks

Enclosures (Check No. 053802)

Cc: Amy Ryan (w/o enc.)

FIG/Letters/Division of Corporations.922

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
- · ·	d under the laws of the State ofFlorida der to change its registered office or registered agent, or both, in
the State of Florida.	ar to change as registered office of registered agent, or both, in
1. The name of the corporation is: H	R Publishing, Inc.
2. The mailing address of the corporati	ion is: 1000 Riverside Avenue, 7th Floor
Jacksonville, FL 32204	
3. Date of incorporation/qualification:	August 12, 1998 Document number: P98000070043
4. The name and address of the current	t registered agent and office:
John R. Byers	
225 Water Street,	Suite 1400
Jacksonville, FL 5. The name and address of the new re	32202 gistered agent and office: (P. O. Box Not Acceptable)
Amy D. Ryan	SEE A TO
1334 Charter Cour	t East
Jacksonville, FL	32225 RAIE 23
	ice and the street address of the business office of its registered
Such change was authorized by resolu authorized by the board.	ation duly adopted by its board of directors or by an officer so
MRS	e chairman of the hoard) (Date)
(Signature of an officer, chairman or vice	chairman of the board) (Date)
John R. Byers, Vice Presiden (Printed or typed name)	
Having heen named as registered age	nt and to accept service of process for the above stated intment as registered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as
40.Ba	9/7/00
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)
,	
**:	* FILING FEE: \$35.00 * * *

CR2E045(7/97)