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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09307** **(7)**

1. Corporation Name
ACORDIA SOUTHEAST, INC.

Principal Place of Business	*Mailing Address*
311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619 US	311 PARK PLACE BLVD. SUITE 400 CLEARWATER FL 34619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1990

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 94-3130804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	DUFFY, PATRICK C		1.2 NAME	SMITH, STEPHEN T	
STREET ADDRESS	995 N A1A #510		1.3 STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400	
CITY-ST-ZIP	INDIATLANTIC FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	COPE, RICHARD W		2.2 NAME	JOHN TALABA	
STREET ADDRESS	1188 MANDALAY DR		2.3 STREET ADDRESS	311 PARK PLACE BLD, SUITE 400	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUBOW, LAWRENCE L		3.2 NAME		
STREET ADDRESS	6730 EPPING FOREST WAY N		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE	C##	☒ Change ☐ Addition
NAME	HARPER, JAMES R.		4.2 NAME		
STREET ADDRESS	311 PARK PLACE BLVD, SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	33759	
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MONROE, ELLEN		5.2 NAME		
STREET ADDRESS	120 MONUMENT CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NORD, SHERRY		6.2 NAME		
STREET ADDRESS	3902 SADDLE RIDGE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Edith S. Hanley, Comptroller 3/27/98 (813) 796-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #