2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC7580030023

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Entity Name: FLORIDA HEALTH PROFESSIONALS LEGAL EXPENSE INSURANCE, INC.

Current Principal Place of Business:

12276 SAN JOSE BLVD, STE 301
JACKSONVILLE, FL 32223

Current Mailing Address:

12276 SAN JOSE BLVD, STE 301
JACKSONVILLE, FL 32223

FEI Number: 02-0590632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREEET
TALLAHASSEE, FL 32399 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER, CFO, DIRECTOR	Title	SECRETARY
Name	OLESSKER, CHARLES S	Name	HUSEMAN, KRISTINE L
Address	12276 SAN JOSE BLVD, STE 301	Address	12276 SAN JOSE BLVD, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

Title	CEO, PRESIDENT, DIRECTOR
Name	HUSEMAN, WILLIAM R ESQ.
Address	12276 SAN JOSE BLVD, STE 301
City-State-Zip:	JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES S OLESSKER CFO, TREASURER 02/25/2014

Electronic Signature of Signing Officer/Director Detail — Date