2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2016
Secretary of State
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Entity Name: FLORIDA HEALTH PROFESSIONALS LEGAL EXPENSE INSURANCE, INC.

Current Principal Place of Business:

9957 MOORINGS DR STE 201
JACKSONVILLE, FL 32257

Current Mailing Address:

9957 MOORINGS DR STE 201
JACKSONVILLE, FL 32257

FEI Number: 02-0590632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORAN, DONNA
9957 MOORINGS DR STE 201
JACKSONVILLE, FL 32257 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	SECRETARY
Name	HUSEMAN, KRISTINE L
Address	12276 SAN JOSE BLVD, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32223

Title	CFOT
Name	HUGGETT REICHARD, ANDREA
Address	9957 MOORINGS DR STE 201
City-State-Zip:	JACKSONVILLE FL 32257

Title	CEO, DIRECTOR
Name	HUSEMAN, WILLIAM R ESQ.
Address	9957 MOORINGS DR. 201
City-State-Zip:	JACKSONVILLE FL 32257

Title	PD
Name	TORAN, DONNA
Address	9957 MOORINGS DR STE 201
City-State-Zip:	JACKSONVILLE FL 32257

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: WILLIAM R. HUSEMAN CEO 04/05/2016

Electronic Signature of Signing Officer/Director Detail — Date