

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000138789

**Entity Name:** FLORIDA INDEPENDENT MANAGEMENT COMPANY

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE - 7TH FLOOR  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1000 RIVER ROAD  
SUITE 300  
CONSHOHOCKEN, PA 19428

**FEI Number:** 20-4157373

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CSC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DP  
Name ARNESON, BRUCE S  
Address 1000 RIVER ROAD, SUITE 300  
City-State-Zip: CONSHOHOCKEN PA 19428  
  
Title DS  
Name DU, MAN M  
Address 1862 CHARTER LANE, SUITE 102  
City-State-Zip: LANCASTER PA 17601

Title DT  
Name KEYSER, MARK J  
Address 1862 CHARTER LANE, SUITE 102  
City-State-Zip: LANCASTER PA 17601  
  
Title VP  
Name GEORGE, THOMAS C  
Address 83 KANE ROAD  
City-State-Zip: MORGANTOWN PA 19543

*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:** MAN DU

**ASSISTANT SECRETARY** 01/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date