

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062885

**Entity Name:** FLORIDA DOCTORS HOLDING COMPANY, LLC**Current Principal Place of Business:**1700 BENT CREEK BOULEVARD  
MECHANICSBURG, PA 17050**Current Mailing Address:**PO BOX 2080  
MECHANICSBURG, PA 17055 US**FEI Number:** 20-3060070**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** KARA M. RICCI

04/11/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name NORCAL INSURANCE COMPANY  
Address PO BOX 2080  
City-State-Zip: MECHANICSBURG PA 17055

Title SVP, CHIEF LEGAL OFFICER  
Name SORENSON, KELLIE N.  
Address PO BOX 2080  
City-State-Zip: MECHANICSBURG PA 17055

Title PRESIDENT AND DIRECTOR  
Name BOGUSKI, MICHAEL L.  
Address 100 BROOKWOOD PLACE  
City-State-Zip: BIRMINGHAM AL 35209

Title SECRETARY  
Name NEVILLE, KATHRYN N.  
Address 100 BROOKWOOD PLACE  
City-State-Zip: BIRMINGHAM AL 35209

Title TREASURER  
Name HENDRICKS, DANA S.  
Address 100 BROOKWOOD PLACE  
City-State-Zip: BIRMINGHAM AL 35209

Title VP, FINANCE & CONTROLLER  
Name MEISEL, DENNIS A.  
Address PO BOX 2080  
City-State-Zip: MECHANICSBURG PA 17055

Title VP  
Name COCHRAN, LAWRENCE K.  
Address 100 BROOKWOOD PLACE  
City-State-Zip: BIRMINGHAM AL 35209

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAQUITA JACKSON**REGULATORY  
COMPLIANCE MANAGER**

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date