

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145524

FILED
Jan 21, 2009
Secretary of State

Entity Name: FLORIDA DOCTORS INSURANCE COMPANY

Current Principal Place of Business:

4655 SALISBURY RD., SUITE 110
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4655 SALISBURY RD., SUITE 110
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-3704679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
GAINES STREET
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHEALY, MARK C
Address: 13803 WEEPING WILLOW WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: KAGAN, ELIZABETH P
Address: 6981 LAKE DEVONWOOD DR
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: KNOX, CHARLES H
Address: 15810 OLD WEDGEWOOD CT
City-St-Zip: FT MYERS, FL 33908

Title: D () Delete
Name: ISAACSON, WAYNE
Address: 12898 KEDLESTON CIRCLE
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: RUSSELL, WILLIAM R
Address: 501 QUAIL POINTE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUSSELL, WILLIAM R
Address: 181 WATER OAK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK C SHEALY

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date