

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68311

Entity Name: MEDICAL PROFESSIONAL AGENCY, INC.

Current Principal Place of Business:

1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501

Current Mailing Address:

1717 NORTH E STREET
SUITE 320 ATTN MARY MATHEWS
PENSACOLA, FL 32501 US

FEI Number: 59-2555835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501 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 PD
Name PORTER, JOHN
Address 1717 N. E ST STE 320
City-State-Zip: PENSACOLA FL 35021

Title AS
Name MATHEWS, MARY
Address 1717 N. E ST STE 320
City-State-Zip: PENSACOLA FL 32501

Title VP
Name JOHNSON, CARLA
Address 1717 NORTH E ST., STE. 320
City-State-Zip: PENSACOLA FL 32501

Title TD
Name MCGEE, ELEANOR
Address 1717 N. E ST STE 321
City-State-Zip: PENSACOLA FL 32501

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: MARY MATHEWS

AS

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date