# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2011**
**Secretary of State**

DOCUMENT# F09000002390

**Entity Name:** MEDEX INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

8501 LASALLE RD. STE 200
TOWSON, MD 21286

**New Principal Place of Business:**

**Current Mailing Address:**

8501 LASALLE RD. STE 200
TOWSON, MD 21286

**New Mailing Address:**

**FEI Number: 52-2178531** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE SUITE 200
TARPON SPRINGS, FL 34688 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

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: KIRBY, BRUCE
Address: 8501 LASALLE ROAD, SUITE 200
City-St-Zip: TOWSON, MD 21286

Title: VP
Name: TORROELLA, SUSAN
Address: 8501 LASALLE ROAD
City-St-Zip: TOWSON, MD 21286

Title: T
Name: VARLOTTA, RONALD
Address: 8501 LASALLE ROAD
City-St-Zip: TOWSON, MD 21286

Title: SEC.
Name: HUDSON, THOMAS
Address: 8501 LASALLE ROAD, SUITE 200
City-St-Zip: TOWSON, MD 21286

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: SUSAN TORROELLA VP 01/17/2011

Electronic Signature of Signing Officer or Director Date