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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # H64734 (7)
1. Corporation Name
THE MEDICAL DEFENSE CORPORATION

Principal Place of Business Mailing Address
318 TAMAMI TR., #19 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/02/1985** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2635710** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**SWINDELL, HERBERT V.
318 TAMAMI TR., #19
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	SWINDELL, HERBERT V.
STREET ADDRESS	17400 RIVER RANCH CT
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	V
NAME	LAKE, ELIZABETH T.
STREET ADDRESS	2200 FLEANCE DR.
CITY - ST - ZIP	PENSACOLA FL
TITLE	S
NAME	MOORE, MERLYN K.
STREET ADDRESS	711 W. OLYMPIA AVE
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWINDELL, HERBERT V.	
1.3 STREET ADDRESS	25245 NOCTURNE LN.	
1.4 CITY - ST - ZIP	PUNTA GORDA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or his/her empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an of attachment with an address.

SIGNATURE: *Herbert V. Swindell* DATE: **2/21/95 (813) 637-3728**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
HERBERT V. SWINDELL