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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 318 TAMiami TR., #19 PUNTA GORDA FL 33950
Mailing Address: 318 TAMiami TR., #19 PUNTA GORDA FL 33950-4871

3. Date Incorporated or Qualified: 07/02/1985
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 21 822 Via Tripoli, State: FL
2a. Mailing Address: 26 P.O. Box 512145, Suite, Apt. #, etc.:
23 PUNTA GORDA, FL
24 33950, Country: USA
25 USA
27 PUNTA GORDA, FL
28 PUNTA GORDA, FL
29 33950-2145, Country: USA
30 USA

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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SWINDELL, HERBERT V. 318 TAMiami TR., #19 PUNTA GORDA FL 33950
10. Name and Address of New Registered Agent: 81 Name: SWINDELL, HERBERT V. 82 Street Address (P.O. Box Number is Not Acceptable): 822 VIA TRIPOLI 83 84 City: PUNTA GORDA FL 85 Zip Code: 33950

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTC	<input type="checkbox"/> DELETE	1.1 TITLE: PTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SWINDELL, HERBERT V.		1.2 NAME: SWINDELL, HERBERT V.	
STREET ADDRESS: 25245 NOCTURNE LN		1.3 STREET ADDRESS: 822 VIA TRIPOLI	
CITY, ST, ZIP: PUNTA GORDA FL		1.4 CITY-ST-ZIP: PUNTA GORDA, FL - 33950	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LAKE, ELIZABETH T.		2.2 NAME:	
STREET ADDRESS: 2200 FLEANCE DR.		2.3 STREET ADDRESS:	
CITY, ST, ZIP: PENSACOLA FL		2.4 CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOORE, MERLYN K.		3.2 NAME: SWINDELL, MERLYN K.	
STREET ADDRESS: 711 W. OLYMPIA AVE		3.3 STREET ADDRESS: 822 VIA TRIPOLI	
CITY, ST, ZIP: PUNTA GORDA FL		3.4 CITY-ST-ZIP: PUNTA GORDA, FL 33950	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY, ST, ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, ST, ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 receiver or trustee 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 on an attachment with an address.

SIGNATURE: _____ DATE: 3/26/97 (94) 637-3728
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034 (9/96)