

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68311

FILED
Mar 18, 2009
Secretary of State

Entity Name: MEDICAL PROFESSIONAL AGENCY, INC.

Current Principal Place of Business:

1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

1717 NORTH E STREET
SUITE 320 ATTN J KEHOE
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-2555835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, JOHN T
1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501 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: PD () Delete
Name: PORTER, JOHN
Address: 1717 N. E ST STE 320
City-St-Zip: PENSACOLA, FL 35021

Title: AS () Delete
Name: YADEN, DEBRA A
Address: 1717 N. E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

Title: VPD () Delete
Name: JUNEY, CHRISTINE
Address: 9400 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

Title: STD () Delete
Name: MCGEE, ELEANOR
Address: 1717 N. E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: PLASKETT, CINDI
Address: 9400 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

Title: TD (X) Change () Addition
Name: MCGEE, ELEANOR
Address: 1717 N. E ST STE 321
City-St-Zip: PENSACOLA, FL 32501

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: DEBRA YADEN

AS

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date