

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68311

FILED  
Apr 12, 2011  
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 MARY MATHEWS  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PORTER, JOHN  
Address: 1717 N. E ST STE 320  
City-St-Zip: PENSACOLA, FL 35021

Title: AS  
Name: PRESSLEY, JAN  
Address: 1717 N. E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501

Title: VP  
Name: FAULKNER, MARK T  
Address: 1717 NORTH E ST., STE. 320  
City-St-Zip: PENSACOLA, FL 32501

Title: TD  
Name: MCGEE, ELEANOR  
Address: 1717 N. E ST STE 321  
City-St-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

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date