

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northerm
8-5559
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1- AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K90303** (4)
1. Corporation Name
MEDICAL INSURANCE TRUST ACCOUNTING, INC.

Principal Place of Business Mailing Address
P.O. BOX 10685 P.O. BOX 10685
POMPANO BEACH FL 33061 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/23/1989** 3a. Date of Last Report **08/02/1994**
4. FEI Number **65-0119581** 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

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

9. Name and Address of Current Registered Agent

**EDWARDS, GEORGE E.
950 N. FEDERAL HIGHWAY, SUITE 219
POMPANO BEACH FL 33062**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	BERTOLOTTI, JEFFERY	1.2 NAME	
STREET ADDRESS	717 NE 11TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	BERTOLOTTI, JOAN	2.2 NAME	
STREET ADDRESS	717 NE 11TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan Bertolotti **JOAN BERTOLOTTI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

305-942-7432

(Date)

(Telephone Number)