

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121896

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** MEDMAL DIRECT INSURANCE GROUP, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
STE 3201  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
STE 3201  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 26-2010975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, MICHAEL J  
ONE INDEPENDENT DRIVE  
STE 3201  
JACKSONVILLE, FL 32202 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PHYSICIANS TRUST, LLC  
**Address:** ONE INDEPENDENT DRIVE, STE 3201  
**City-St-Zip:** JACKSONVILLE, FL 32202 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MICHAEL J. WALLACE

COO

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date