

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L93866 (6)

1. Corporation Name

MEDC INSURANCE SERVICES INC.

Principal Place of Business

Mailing Address

8300 S DADELAND BLVD
STE 404
MIAMI FL 33156
US

P.O. BOX 560576
MIAMI FL 33256-0576



3. Date Incorporated or Qualified
08/16/1990

3a. Date of Last Report
06/27/1995

4. FEI Number

NOT APPLICABLE

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
21 12000 BISCAYNE BLVD

2a. Mailing Address
26 P.O. BOX 560580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 703

27

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

Zip
24 33156

Country
25 US

Zip
29 33156

Country
30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACHANCE, MARIE-FRANCE
9700 SOUTH DIXIE HIGHWAY
SUITE 640
MIAMI FL 33155

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

8250 SW 115 ST.

83

84 City MIAMI

FL

85 Zip Code 33156

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

M. Lachance
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

6/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LACHANCE, MARIE-FRANCE
STREET ADDRESS 8250 SW 115 STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME SMITH, JAMES W. JR.
STREET ADDRESS 8250 SW 115 STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME LACHANCE, CHRISTIAN J.
STREET ADDRESS 4802 BERKLEY MEWS
CITY-ST-ZIP WEST PALM BCH FL

TITLE D
NAME MAUREEN WALSH #2716
STREET ADDRESS 789 COTTONWOOD DR. EAST
CITY-ST-ZIP W. PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 11 or Block 13 if I am resigning, or on an attachment with an address.

SIGNATURE:

M. Lachance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/96 (305) 892-6080

CR2E034 (3/96)