FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

**FILED
Feb 14 1997 8:00am
Secretary of State**

DOCUMENT # L93866   (6)
1. Corporation Name

MEDC INSURANCE SERVICES INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD SUITE 703 MIAMI FL 33181 US	P O BOX 560580 MIAMI FL 33256-0580 US

	3. Date Incorporated or Qualified **08/16/1990**	3a. Date of Last Report **07/08/1996**

2. Principal Place of Business 1	2a. Mailing Address 26	4. FEI Number **NOT APPLICABLE**	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 3	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 4	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LACHANCE, MARIE-FRANCE 8250 SW 115 ST SUITE 640 MIAMI FL 33156	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 _M. Lachance_   DATE _1/30/97_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	LACHANCE, MARIE-FRANCE		1.2 NAME			
STREET ADDRESS	8250 SW 115 STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	SMITH, JAMES W. JR.		2.2 NAME			
STREET ADDRESS	8250 SW 115 STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	LACHANCE, CHRISTIAN J.		3.2 NAME			
STREET ADDRESS	4802 BERKLEY MEWS		3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH FL		3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	WALSH, MAUREEN		4.2 NAME			
STREET ADDRESS	789 COTTON BAY DR EAST #2716		4.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _M. Lachance_   Date _1/30/97_   Daytime Phone # (305) 892-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR