

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90326 032 \*\*\*158.75

**DOCUMENT # P01000083114**

1. Entity Name

**MEDICAL INSURANCE ADMINISTRATORS, INC.**

Principal Place of Business

**110 HERITAGE CIRCLE  
 PANAMA CITY BEACH FL 32407**

Mailing Address

**110 HERITAGE CIRCLE  
 PANAMA CITY BEACH FL 32407**

2. Principal Place of Business

**1612 Suve Avenue  
 Suite Apt. #, etc.  
 Bldg 1, Suite 103**

City & State

**PANAMA CITY FL.**

Zip  
**32406**

Country

**USA**

3. Mailing Address

**P.O. Box 15817  
 Suite, Apt. #, etc.**

City & State

**PANAMA CITY FL**

Zip  
**32406**

Country

**USA**

4. FEI Number

**59-3736351**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

**158.75**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOVARICK, DONNA E  
 110 HERITAGE CIRCLE  
 PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete  
 NAME **DONNA KOVARICK**  
 STREET ADDRESS **110 Heritage Cir**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **V.P. Secretary**  
 STREET ADDRESS **Robert Kovarik**  
 CITY-ST-ZIP **110 Heritage Cir**  
**PANAMA CITY BEACH FL 32407**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Donna Kovarik**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-02**  
 Date Daytime Phone #

CR2E034 (9/01)