


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083114 1. Entity Name MEDICAL INSURANCE ADMINISTRATORS, INC.	
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Principal Place of Business 1612 JUNE AVENUE BLDG 1 SUITE 103 PANAMA CITY, FL 32406	Mailing Address P.O. BOX 15817 PANAMA CITY, FL 32406
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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3736351	Applied F Not Appli
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and ac the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CCEO KOVARICK, DONNA E 110 HERITAGE CIRCLE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPS KOVERICK, ROBERT 110 HERITAGE CIRCLE PANAMA CITY BEACH, FL 32407
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04/26/04-80056-014 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 informant 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 dire 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 10 or Block changed, or on an attachment with an address, with all other like empowered.