2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000083114

1. Entity Name
MEDICAL INSURANCE ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
1612 JUNE AVENUE BLDG 1 SUITE 103 PANAMA CITY, FL 32406	P.O. BOX 15817 PANAMA CITY, FL 32406

08192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736351
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	KOVARICK, DONNA E
STREET ADDRESS	110 HERITAGE CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	VPS
NAME	KOVERICK, ROBERT
STREET ADDRESS	110 HERITAGE CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/22/05-80002-006 158.75

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna E. Kovarick 8/19/5 850-230-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donna E. Kovarick