

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000113795

1. Entity Name
MEDICAL BENEFITS ASSISTANCE, INC.



Principal Place of Business
3496 BLOOMINGTON PL
THE VILLAGES, FL 32162

Mailing Address
3496 BLOOMINGTON PL
THE VILLAGES, FL 32162



05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0432102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOE B
3496 BLOOMINGTON PL
THE VILLAGES, FL 32162

**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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

000000952167
06/04/08-80069-009 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILLIAMS, JOE B
3496 BLOOMINGTON PLACE
THE VILLAGES, FL 32162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
WILLIAMS, LUCINDA R
3496 BLOOMINGTON PLACE
THE VILLAGES, FL 32162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lucinda Williams LUCINDA WILLIAMS 5-15-08 352 751 1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #