

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132917

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: MEDICAL INSURANCE SERVICES/CONSULTANTS INC.

## Current Principal Place of Business:

2001 NORTHSIDE DR STE 302  
PANAMA CITY, FL 32405

## New Principal Place of Business:

2101 NORTHSIDE DR STE 302  
PANAMA CITY, FL 32405

## Current Mailing Address:

2001 NORTHSIDE DR STE 302  
PANAMA CITY, FL 32405

## New Mailing Address:

2101 NORTHSIDE DR STE 302  
PANAMA CITY, FL 32405

FEI Number: 26-6878025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENNINGS, MICHELLE A  
2001 NORTHSIDE DR STE 302  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

JENNINGS, MICHELLE A  
2101 NORTHSIDE DR STE 302  
PANAMA CITY, FL 32405 US

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: MICHELLE A. JENNINGS

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ETHERIDGE, JOHN T  
Address: 4807 SUNSET DR  
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete  
Name: JENNINGS, MICHELLE A  
Address: 6608 LAKE JOANNA CIR  
City-St-Zip: PANAMA CITY, FL 32404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE A. JENNINGS

PRES

04/12/2005

Electronic Signature of Signing Officer or Director

Date