

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000132917

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL INSURANCE SERVICES/CONSULTANTS INC.

**Current Principal Place of Business:**

2101 NORTHSIDE DR  
UNIT 302  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2101 NORTHSIDE DR  
UNIT 302  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 14-1915213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** O  
**Name:** ETHERIDGE, JOHN T  
**Address:** 4807 SUNSET DR  
**City-St-Zip:** PANAMA CITY, FL 32404

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

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELLE A JENNINGS

PRES

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date