P05000022275

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M.D. Insurance Services, Inc. (Name of corporation)
DOCUMENT NUMBER: P05000022275
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hector Davila (Name of contact person)
M.D. Insurance Services, Inc. (Firm/Company)
P.O. Box 135263 (Address)
Clermont, FL 34713-5263 (City/state and zip code)
For further information concerning this matter, please call:
Hector Davila at (321) 689-7752 (Name of contact person) (Area code & daytime telephone number)
(Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida
		ered agent, or both, in the State of Florida.
1. The name of	the corporation; M.D. Insurance Service:	s, Inc.
2. The principa	l office address: 110 Polo Park Blvd. Eas	st, Suite E, Davenport, FL 33897
		<u> </u>
3. The mailing	address (if different): P.O. Box 135263, (Clermont, FL 34713-5263
4. Date of incor	poration/qualification: February 11, 200	5Document number: P05000022275
	d street address of the current registered a artment of State:	gent and registered office on file with the
	Hector Davila	
		F. 8
	Clermont, FL 34711	——————————————————————————————————————
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office
	Hector Davila	55
	110 Polo Park Blvd. East	
	(P.O. Box NOT acceptable)	
	Davenport, FL 33897	and the second second
The street address changed will	ess of its registered office and the street l be identical.	address of the business office of its registered agent,
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.
Decla	Davik	Hector Davila - SH
	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the speen notified in writing of this change.	(Printed or typed name and title) d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
ydecti	Davila-	May 2, 2005
·	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
		
(7	Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *