

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)

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
409 E. Gaines Street
Tallahassee, FL 32399

