

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022275

FILED
Sep 12, 2006
Secretary of State

Entity Name: M.D. INSURANCE SERVICES, INC.

Current Principal Place of Business:

110 POLO PARK BLVD. E.
DAVENPORT, FL 33897 US

New Principal Place of Business:

110 POLO PARK EAST BLVD.
DAVENPORT, FL 33897 US

Current Mailing Address:

P.O. BOX 135263
CLERMONT, FL 34713

New Mailing Address:

1206 W. BROAD STREET
GROVELAND, FL 34736

FEI Number: 20-2320604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVILA, HECTOR
110 POLO PARK BLVD. EAST
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

DAVILA, HECTOR
1206 W. BROAD STREET
GROVELAND, FL 34736 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: HECTOR DAVILA

09/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYES, REINALDO
Address: 15931 WILKINSON DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: SH () Delete
Name: DAVILA, HECTOR
Address: 15947 SAUSALITO CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DAVILA, HECTOR
Address: 15947 SAUSALITO CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HECTOR DAVILA

VP

09/12/2006

Electronic Signature of Signing Officer or Director

Date