2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2011
Secretary of State

DOCUMENT# P10000049503

Entity Name: MEDMAL DIRECT INSURANCE COMPANY

Current Principal Place of Business:

ONE INDEPENDENT DRIVE STE 3205
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE STE 3205
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 27-2813188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBS, THOMAS E
50 NORTH LAURA STREET STE 2800
JACKSONVILLE, FL 32202 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: D
Name: BALL, P. BUTLER
Address: 931 HOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: BONE, TIMOTHY R
Address: 8674 HEATHER RUN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: BRYAN, CARTER B
Address: 4703 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: BRYAN, SHELDON
Address: 1250 EAST COAST DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: WALLACE, MICHAEL J
Address: 400 KENTUCKY BRANCH LANE
City-St-Zip: SAINT JOHNS, FL 32259

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: MICHAEL J. WALLACE D 02/10/2011

Electronic Signature of Signing Officer or Director — Date