

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000049503

FILED  
Feb 15, 2012  
Secretary of State

**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

COO

02/15/2012

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

\_\_\_\_\_  
Date