

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001060

FILED
Jan 31, 2007
Secretary of State

Entity Name: WILLIAM J. WILLITTS MED COVERAGE, INC.

Current Principal Place of Business:

8553 DUCHESS CT EAST
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

3670 NEWPORT AVE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 65-0454662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLITTS, WILLIAM J
8553 DUCHES CT EAST
BOYNTON BEACH, FL 33436 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILLITTS, WILLIAM J
Address: 8553 DUCHESSE COURT EAST
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: PERRON, L. ANDRE
Address: 6095 LEELAND ST.
City-St-Zip: ST. PETERSBURG, FL 33715

Title: D () Delete
Name: STOEU, DEMITRE
Address: 9870 H WATERMILL CR
City-St-Zip: BOYTON BCH, FL

Title: T () Delete
Name: WILLITTS, RITA L
Address: 8553 DUCHESS COURT EAST
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM J. WILLITTS MD

VP

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date