


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90006 049 \*\*\*150.00

<b>DOCUMENT # P97000016478</b> 1. Entity Name MEDICAL INSURANCE SERVICE, INC.	
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Principal Place of Business 1391 S OCEAN BLVD #306 POMPAÑO BEACH, FL 33062	Mailing Address P.O. BOX <del>2005</del> 10656 POMPAÑO BEACH, FL <del>33062</del> 33061
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J4U10100



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0729881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MOHN, CLARICE 1391 S. OCEAN BLVD., #306 POMPAÑO BEACH, FL 33062
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHN, CLARICE 1391 S. OCEAN BLVD., #306 POMPAÑO BEACH, FL 33062
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clarice Mohn CLARICE MOHN 3/1/04 954-946-2961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #