

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000144145

**Entity Name:** MIDAMERICA ADMINISTRATIVE SOLUTIONS, INC.

**Current Principal Place of Business:**

211 EAST MAIN ST., STE. 100  
LAKELAND, FL 33801

**FILED**  
**Apr 13, 2013**  
**Secretary of State**  
**CC8938612381**

**Current Mailing Address:**

211 EAST MAIN ST., STE. 100  
LAKELAND, FL 33801

**FEI Number: 74-3109370**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMPTON, J. WESLEY  
211 EAST MAIN ST., STE. 100  
LAKELAND, FL 33801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name COMPTON, J. WESLEY  
Address 6502 BLACKFIN WAY  
City-State-Zip: APOLLO BEACH FL 33572

Title D  
Name GEORGES, ROBERT J  
Address 546 LAKE HOLLINGSWORTH DR.  
City-State-Zip: LAKELAND FL 33803

Title D  
Name CHRITTON, CHARLES  
Address 211 EAST MAIN STREET, STE 100  
City-State-Zip: LAKELAND FL 33801

Title VP  
Name BOWERS, KIMBERLY D  
Address 211 EAST MAIN STREET, STE 100  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name CORBIN, BRAD  
Address 211 EAST MAIN ST., STE. 100  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name MILLER, BRUCE  
Address 211 EAST MAIN ST., STE. 100  
City-State-Zip: LAKELAND FL 33801

*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: J. WESLEY COMPTON**

**PRESIDENT**

**04/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date