

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000082823

**Entity Name:** MDL INSURANCE ADVISORS, INC.

**Current Principal Place of Business:**

13919 CARROLLWOOD VILLAGE RUN  
STE A  
TAMPA, FL 33618

**FILED**  
**Feb 11, 2022**  
**Secretary of State**  
**0560447234CC**

**Current Mailing Address:**

13919 CARROLLWOOD VILLAGE RUN  
STE A  
TAMPA, FL 33618 US

**FEI Number: 56-2591895**

**Certificate of Status Desired: No**

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

LABARBERA, MICHAEL  
13919 CARROLLWOOD VILLAGE RUN  
STE A  
TAMPA, FL 33618 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 LABARBERA, MICHAEL D  
Address 13919 CARROLLWOOD VILLAGE RUN  
STE A  
City-State-Zip: TAMPA FL 33618

Title TREASURER  
Name LABARBERA, SARA C  
Address 13919 CARROLLWOOD VILLAGE RUN  
STE A  
City-State-Zip: TAMPA FL 33618

*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 LABARBERA**

**PRESIDENT**

**02/11/2022**

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

\_\_\_\_\_  
Date