

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000049503

Entity Name: MEDMAL DIRECT INSURANCE COMPANY

Current Principal Place of Business:

245 RIVERSIDE AVENUE, STE 550
JACKSONVILLE, FL 32202

Current Mailing Address:

245 RIVERSIDE AVENUE, STE 550
JACKSONVILLE, FL 32202

FEI Number: 27-2813188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBBS, THOMAS E
50 NORTH LAURA STREET STE 2600
JACKSONVILLE, FL 32202 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 D
Name BALL, P. BUTLER
Address 3712 HEDRICK STREET
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name BONE, TIMOTHY R
Address 8674 HEATHER RUN DRIVE SOUTH
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name BRYAN, CARTER B
Address 4703 ORTEGA BLVD
City-State-Zip: JACKSONVILLE FL 32210

Title D
Name WALLACE, MICHAEL J
Address 780 EAST DORCHESTER DRIVE
City-State-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

DIRECTOR

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date