

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000001060

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

**Current Principal Place of Business:**

3670 NEWPORT AVE  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3670 NEWPORT AVE  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 65-0454662

**Certificate of Status Desired:** No

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

WILLITTS, WILLIAM J  
8553 DUCHESS COURT EAST  
BOYNTON BEACH, FL 33436 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 VP  
Name WILLITTS, WILLIAM J  
Address 8553 DOCHESSE COURT EAST  
City-State-Zip: BOYNTON BEACH FL

Title ASST. SECRETARY  
Name ROOFER, ROSA W DR.  
Address 3670 NEWPORT AVE  
City-State-Zip: BOYNTON BEACH FL 33436

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

*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:** WILLIAM WILLITTS

VP

02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date