

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90176 048 ***158.75

DOCUMENT # 430472	
1. Entity Name AMEDEX INSURANCE COMPANY	

Principal Place of Business 7001 SW 97TH AVE MIAMI, FL 33173 US	Mailing Address 7001 SW 97TH AVE MIAMI, FL 33173 US
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94063000



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1485499	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL A CARRICARTE 7001 SW 97TH AVE MIAMI, FL 33173

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
☐ Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CARRICARTE, MICHAEL L 7001 SW 97TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARRICARTE, MICHAEL A. 7001 SW 97TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KOLBER, CLIFFORD 7001 SW 97TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, FRANCISCO 7001 SW 97 AVE. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINARES, ELAINE ELAINE LINARES - GRANT 7001 SW 97 AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #