

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 430472

FILED
Apr 15, 2005
Secretary of State

Entity Name: AMEDEX INSURANCE COMPANY

Current Principal Place of Business:

7001 SW 97TH AVE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7001 SW 97TH AVE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-1485499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL A CARRICARTE
7001 SW 97TH AVE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: CARRICARTE, MICHAEL, L
Address: 7001 SW 97TH AVE
City-St-Zip: MIAMI, FL

Title: DV () Delete
Name: CARRICARTE, MICHAEL, A.
Address: 7001 SW 97TH AVE
City-St-Zip: MIAMI, FL

Title: DTS () Delete
Name: KOLBER, CLIFFORD
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LOPEZ, FRANCISCO
Address: 7001 SW 97 AVE.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: LINARES-GRANT, ELAINE
Address: 7001 SW 97 AVENUE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLIFFORD KOLBER

TR

04/15/2005

Electronic Signature of Signing Officer or Director

Date