2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# 430472

Entity Name: AMEDEX INSURANCE COMPANY

Current Principal Place of Business:

7001 S W 97TH AVENUE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7001 S W 97TH AVENUE
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:

MALTBY, ALFRED D P
7001 S W 97TH AVENUE
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: D ( ) Delete
Name: HOLDEN, DEAN A D
Address: 15 - 19 BLOOMSBURY WAY
City-St-Zip: LONDON, XX WC1A 2BA UK

Title: D ( ) Delete
Name: DAVIES, JULIAN P D
Address: 15 - 19 BLOOMSBURY WAY
City-St-Zip: LONDON, XX WC1A 2BA UK

Title: D ( ) Delete
Name: RODERMAN, CHARLENE D
Address: 13 MAYFORD ROAD, FLAT #2
City-St-Zip: LONDON, XX SW12 8RZ UK

Title: D ( ) Delete
Name: LOPEZ-PREUSSE, FRANCISCO D
Address: 7001 S W 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

Title: D ( ) Delete
Name: ZIPPER, EMMA D
Address: 2 BRAMERTON ROAD, CAULFIELD
City-St-Zip: MELBOURNE, VICTORIA, XX 33162 AU

Title: D ( ) Delete
Name: NARCIANDI, ELIZABET D
Address: 7001 S W 97TH AVENUE
City-St-Zip: MIAMI, FL 33173 US

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:

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 Chapter 119, 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: CORINNA SWAIN S 04/03/2007

Electronic Signature of Signing Officer or Director Date