


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90100 009 \*\*\*150.00

<b>DOCUMENT # J76015</b> 1. Entity Name <b>ALL MEDICAL INSURANCE CONSULTANTS, INC.</b>					
Principal Place of Business 6434 NW 199 LANE 5805 BLUE LAGOON DR.,#130 MIAMI, FL 33015 US			Mailing Address % CLAUDE M. DAVIS PO BOX 170065 MIAMI, FL 33017-0065		
2. Principal Place of Business <i>6434 NW 199 LANE</i>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>MIAMI, FLORIDA</i>			City & State		
Zip <i>33015</i>		Country <i>USA</i>		Zip	
Country		4. FEI Number <b>59-2816769</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, CLAUDE M.</b> <b>5805 BLUE LAGOON DR.,#130</b> <b>MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CLAUDE M. 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, AMPARO 6434 NW 199TH LANE MIAMI, FL		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <i>Amparo Davis</i> <b>AMPARO DAVIS</b> <i>4/11/05</i> <i>305-262-1876</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					