

02-13-2006 90006 008 ***150 00

<div>1. Entity Name</div> <div>ALL MEDICAL INSURANCE CONSULTANTS, INC.</div>		<div>2. Principal Place of Business</div> <div>6434 NW 199 LANE MIAMI, FL 33015 US</div>		<div>3. Mailing Address</div> <div>% CLAUDE M. DAVIS PO BOX 170065 MIAMI, FL 33017-0065</div>		<div>4. FEI Number</div> <div>59-2816769</div>		<div>5. Certificate of Status Desired</div> <div><input type="checkbox"/> \$8.75</div>																																																																																																																																															
<div>6. Name and Address of Current Registered Agent</div> <div>DAVIS, CLAUDE M. 5805 BLUE LAGOON DR., #130 MIAMI, FL 33126</div>		<div>7. Name and Address of New Registered Agent</div> <div>City: FL Zip Code:</div>		<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.</div>		<div>SIGNATURE: _____ DATE: _____</div>		<div>9. Election Campaign Financing</div> <div>Trust Fund Contribution. <input type="checkbox"/> \$5.00</div>																																																																																																																																															
<div>10. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE</td><td>D</td><td>DAVIS, CLAUDE M.</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>6434 NW 199TH LANE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>MIAMI, FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td>DAVIS, AMPARO</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>6434 NW 199TH LANE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>MIAMI, FL</td><td></td></tr><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>				TITLE	D	DAVIS, CLAUDE M.	<input type="checkbox"/> Delete	NAME				STREET ADDRESS		6434 NW 199TH LANE		CITY-ST-ZIP		MIAMI, FL		TITLE	D	DAVIS, AMPARO	<input type="checkbox"/> Delete	NAME				STREET ADDRESS		6434 NW 199TH LANE		CITY-ST-ZIP		MIAMI, FL		TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Delete	NAME				STREET ADDRESS				CITY-ST-ZIP				<div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div> <table border="1"><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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<div>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</div>								<div>SIGNATURE: _____</div>		<div>2/10/06 - 863-646-4411</div>																																																																																																																																													