2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 00000000 **J76015** 02-13-2006 90006 008 ***150.00 ALL MEDICAL INSURANCE CONSULTANTS, INC. Principal Place of Business Mailing Address 6434 NW 199 LANE % CLAUDE M. DAVIS MIAMI, FL 33015 PO BOX 170065 MIAMI, FL 33017-0065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01052006 City & State 4. FEI Number Applied For 59-2816769 Not Applicable Country Zip Country \$8.75 00000000 5. Certificate of Status Desired 0.0000 0000000 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ . .___ DAVIS, CLAUDE M. Street Address (P.O. Box Number is Not Acceptable) 5805 BLUE LAGOON DR. #130 MIAMI, FL 33126 City Zip Code 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 9. Efection Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 0 0000 00 Trust Fund Contribution. 00000000000 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, CLAUDE M. NAME NAME STREET ADDRESS 6434 NW 199TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI. FL CITY-ST-ZIP ☐ Delete ☐ Channe Addition DAVIS, AMPARO NAME NAME STREET ADDRESS 6434 NW 199TH LANE STREET ADDRESS CITY-ST-7/P MIAMI, FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 paperhis 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 traffee 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: _

FILED

Feb 13, 2006 8:00 am