



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90042 019 ***150.00

DOCUMENT # J76015 1. Entity Name ALL MEDICAL INSURANCE CONSULTANTS, INC.					
Principal Place of Business ALL MEDICAL INC. CON. 314 HEARTLAND PL MULBERRY, FL 33860 US			Mailing Address % CLAUDE M. DAVIS PO BOX 170065 MIAMI, FL 33017-0065		
2. Principal Place of Business - No P.O. Box # ALL MEDICAL INS. CONS. Suite, Apt. #, etc. 3413 GRENVILLE DR. City & State WINTER HAVEN, FL. Zip 33884 Country POLK		3. Mailing Address ALL MEDICAL INS. CON. Suite, Apt. #, etc. 3413 GRENVILLE DR. City & State WINTER HAVEN, FL. Zip 33884 Country POLK			
4. FEI Number 59-2816769		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVIS, CLAUDE M. 5805 BLUE LAGOON DR., #130 MIAMI, FL 33126 <i>CHANGE OF ADDRESS ONLY</i>			7. Name and Address of New Registered Agent Name CLAUDE M. DAVIS Street Address (P.O. Box Number is Not Acceptable) 3413 GRENVILLE DR. City WINTER HAVEN, FL Zip Code 33884		
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 <u><i>Claude M. Davis</i></u> DATE <u><i>3/13/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	DAVIS, CLAUDE M. 3413 GRENVILLE DR. WINTER HAVEN, FL. 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE: <u><i>Amparo Davis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>3/12/07</i></u> Daytime Phone # <u><i>863-326-5738</i></u>		