



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90375 045 ****61.25

DOCUMENT # N01000000981 1. Entity Name AMERICAN ACADEMY OF MEDICAL-LEGAL CONSULTANTS, INC.					
Principal Place of Business 3690-K EAST BAY DRIVE LARGO, FL 33771				Mailing Address 3690-K EAST BAY DRIVE LARGO, FL 33771	
2. Principal Place of Business 8415 Millstream Dr Suite, Apt. #, etc. Pensacola		3. Mailing Address 8415 Millstream Dr Suite, Apt. #, etc. 			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 59-3493660	
Zip 32514		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTON, STUART A 3690 EAST BAY DRIVE LARGO, FL 33771				7. Name and Address of New Registered Agent Name Sandra Ash-Weston Street Address (P.O. Box Number is Not Acceptable) 8415 Pens Millstream Dr City Pensacola FL Zip Code 32514	
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 Sandra Ash-Weston President 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESTON, STUART A 1000 CHATHAM COURT SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8415 Millstream Dr Pensacola, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTON, SANDRA A 1000 CHATHAM COURT SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDRA Ash-Weston 8415 Millstream Dr Pensacola, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBERMAN, BUNNI 5553 WALNUT CIRCLE EAST W BLOOMFIELD, MI 48322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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 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 617, 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. SANDRA ASH WESTON					
SIGNATURE: Sandra Ash Weston 4-19-06 850-475-1776 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					