

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000981

1. Entity Name
AMERICAN ACADEMY OF MEDICAL-LEGAL
CONSULTANTS, INC.



Principal Place of Business
8415 MILLSTREAM DR
PENSACOLA, FL 32514

Mailing Address
8415 MILLSTREAM DR
PENSACOLA, FL 32514



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3493660

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASH-WESTON, SANDRA
8415 MILLSTREAM DR
PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WESTON, STUART A
8415 MILLSTREAM DR
PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ASH-WESTON, SANDRA
8415 MILLSTREAM DR
PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIEBERMAN, BUNNI
5553 WALNUT CIRCLE EAST
W BLOOMFIELD, MI 48322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-07 850-475-1776