

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094942

Entity Name: ALL MED NETWORK CORP

FILED  
Feb 07, 2007  
Secretary of State

## Current Principal Place of Business:

2700 SW 3 AVENUE, SUITE 2E  
MIAMI, FL 33129

## New Principal Place of Business:

2700 SW 3 AVENUE  
SUITE 2E  
MIAMI, FL 33129

## Current Mailing Address:

2700 SW 3 AVENUE, SUITE 2E  
MIAMI, FL 33129

## New Mailing Address:

2700 SW 3 AVENUE  
SUITE 2E  
MIAMI, FL 33129

FEI Number: 35-2180966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, SANDRA  
1825 SW 12TH AVENUE  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

FERNANDEZ, SANDRA  
543 SW 29 ROAD  
MIAMI, FL 33129 US

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.

SIGNATURE: SANDRA FERNANDEZ

02/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERNANDEZ, SANDRA  
Address: 1825 SW 12TH AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete  
Name: MARRERO, ROBERTO F  
Address: 2700 SW 3 AVENUE, SUITE 2E  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FERNANDEZ, SANDRA  
Address: 543 SW 29 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: V (X) Change ( ) Addition  
Name: FERNANDEZ, SANDRA  
Address: 543 SW 29 ROAD  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA FERNANDEZ

PD

02/07/2007

Electronic Signature of Signing Officer or Director

Date