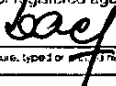


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-09-2005 90027 013 ***150.00

DOCUMENT # P04000008738			
1. Entity Name MIAMI-MED INSURANCE CORP.			
Principal Place of Business 12682 NW 11 LANE MIAMI, FL 33182		Mailing Address 12682 NW 11 LANE MIAMI, FL 33182	
2. Principal Place of Business 14970 SW 9th Way Suite, Apt. #, etc.		3. Mailing Address 14970 SW 9th Way Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33194		Zip 33194	
Country USA		Country USA	
4. FEI Number 20-0571530		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, HORTENSIA 12682 NW 11 LANE MIAMI, FL 33182		7. Name and Address of New Registered Agent Hortensia Alvarez Street Address (P.O. Box Number is Not Acceptable) 14970 SW 9th Way City MIAMI FL Zip Code 33194	
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: 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSTD ALVAREZ, HORTENSIA 12682 NW 11 LANE MIAMI, FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALVAREZ, Hortensia ☒ Change ☐ Addition 14970 SW 9th Way MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66005494



02022005 Chg-P CR2E034 (10/03)