## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000038755

Entity Name: ALL-MED CONSULTING COMPANY, CORP

FILED May 07, 2008 Secretary of State

1535 NE 36 AVENUE 3500 NE 15 DRIVE HOMESTEAD, FL 33033 HOMESTEAD, FL 33030

**Current Mailing Address: New Mailing Address:** 

1535 NE 36 AVENUE 3500 NE 15 DRIVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33033

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEOTO, DELIA R 1535 NE 36 AVENUE BEOTO, DELIA R 3500 NÉ 15 DR HOMESTEAD, FL 33030 HOMESTEAD, FL 33033 US

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: DELIA R BEOTO 05/07/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition BEOTO, DELIA R BEOTO, DELIA R Name: Name: Address: Address:

1535 NE 36 AVENUE 3500 NE 15 DRIVE City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33033

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition Name: MARTIN, RAISA Name: MARTIN-HIDALGO, RAYSA C 1535 NE 36 AVENUE 3520 NE 15 DRIVE Address: Address: HOMESTEAD, FL 33030 HOMESTEAD, FL 33033 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: ( ) Change (X) Addition

Name: MARTINEZ, ARGELIA Name: 3500 NE 15 DRIVE Address Address: City-St-Zip: City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: DELIA R BEOTO 05/07/2008