

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018729

**Entity Name:** AMERICAN INSURANCE MANAGERS, INC.

**Current Principal Place of Business:**

19122 CHEMILLE DRIVE  
LUTZ, FL 33558

**FILED**  
**Apr 10, 2014**  
**Secretary of State**  
**CC9290159140**

**Current Mailing Address:**

19122 CHEMILLE DRIVE  
LUTZ, FL 33558 US

**FEI Number: 20-4339872**

**Certificate of Status Desired: No**

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

OSBORNE, CHARLES CDIR  
19122 CHEMILLE DRIVE  
LUTZ, FL 33558 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIR  
Name            OSBORNE, CHARLES CDIR  
Address        19122 CHEMILLE DRIVE  
City-State-Zip: LUTZ FL 33558

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES C OSBORNE**

**DIRECTOR**

**04/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date