

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000024167

Entity Name: AMEDEX ASSURANCE COMPANY CORP

Current Principal Place of Business:

7300 N. KENDALL DRIVE
SUITE 740
MIAMI, FL 33156

Current Mailing Address:

7300 N. KENDALL DRIVE
SUITE 740
MIAMI, FL 33156 US

FEI Number: 83-4582335

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARRICARTE, MICHAEL L
7300 N. KENDALL DRIVE
SUITE 740
MIAMI, FL 33156 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: MICHAEL L. CARRICARTE

06/30/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CARRICARTE, MICHAEL L
Address 7300 N. KENDALL DRIVE
SUITE 740
City-State-Zip: MIAMI FL 33156

Title D
Name CARRICARTE, BRIAN
Address 8724 SUNSET DRIVE, SUITE 531
City-State-Zip: MIAMI FL 33173

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: MICHAEL L. CARRICARTE

DIRECTOR

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date