

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000081567

Entity Name: INSUMEDICAL, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11206 NW 14 CT  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 840053  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

FEI Number: 45-4958702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONTECE, RICHARD J PRESIDE  
11206 NW 14 CT  
PEMBROKE PINES, FL 33026 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTECE, RICHARD J  
Address: 11206 NW 14 CT  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP  
Name: MONTECE, MARIO R  
Address: 11206 NW 14 CT  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP  
Name: MONTECE, SORAYA E VP  
Address: 15 AVA 395 CUENCA  
City-St-Zip: GUAYAQUIL, GY ECUADOR EC

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: RICHARD MONTECE

PRES

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date