#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41523

**Entity Name: INTERNATIONAL MEDICAL CORPORATION** 

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# **Current Principal Place of Business:**

7105 SW 8 ST SUITE 409 MIAMI, FL 33147

### **Current Mailing Address:**

PO BOX 14-4131

CORAL GABLES, FL 33114 US

FEI Number: 65-0079999 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

QUIRANTES, RAMON 7105 SW 8 ST SUITE 409 MIAMI, FL 33147 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

FILED Apr 29, 2015

**Secretary of State** 

CC4421338377

## Officer/Director Detail:

Title [

Name QUIRANTES, RAMON Address PO BOX 14-4131

City-State-Zip: CORAL GABLES FL 33114

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.