

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41523

Entity Name: INTERNATIONAL MEDICAL CORPORATION

Current Principal Place of Business:

4180 W 12 AVE
HIALEAH, FL 33012

Current Mailing Address:

PO BOX 14-4131
PO BOX 41-4131
CORAL GABLES, FL 33114 US

FEI Number: 65-0079999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIRANTES, RAMON
4180 W. 12 AVENUE
HIALEAH, FL 33012 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 D
Name QUIRANTES, RAMON
Address 4180 W 12TH AVE.
City-State-Zip: HIALEAH FL 33012

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: RAMON QUIRANTES

PRESIDENT

04/27/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date