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: ORLANDO OLMOS

Electronic Signature of Signing Officer/Director Detail

## Officer/Director Detail :

Oncer/Director Detail.				
	Title	PD	Title	SDT
	Name	FERNANDEZ, JORGE L	Name	OLMOS, ORLANDO C
	Address	7351 S. WATERWAY DRIVE	Address	7351 S. WATERWAY DRIVE
	City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

### BAY 1 MIAMI, FL 33166 US

Electronic Signature of Registered Agent

# FEI Number: 65-0039076

## Name and Address of Current Registered Agent:

FERNANDEZ, JORGE L 7351 S WATERWAY DR MIAMI, FL 33155 US

DOCUMENT# K19232

8050 NW 64TH STREET

Current Mailing Address: 8050 NW 64TH STREET

MIAMI, FL 33166

BAY 1

Entity Name: A.B.C. MED, INC.

**Current Principal Place of Business:** 

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2014 Secretary of State CC2792011383

Date

Certificate of Status Desired: Yes

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:

 SDT
 01/08/2014

 or Detail
 Date