

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91146

Entity Name: BELIMED INC.**Current Principal Place of Business:**2325 CHARLESTON REGIONAL PKWY
CHARLESTON, SC 29492**Current Mailing Address:**2325 CHARLESTON REGIONAL PKWY
CHARLESTON, SC 29492 US**FEI Number:** 65-0213127**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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	CEO
Name	MCDONALD, JOSEPH C
Address	2325 CHARLESTON REGIONAL PARKWAY
City-State-Zip:	CHARLESTON SC 29492

Title	CFO
Name	EARL, QUENTIN L
Address	2325 CHARLESTON REGIONAL PARKWAY
City-State-Zip:	CHARLESTON SC 29492

Title	DIRECTOR
Name	SPALINGER, BEAT
Address	BELIMED AG ZELGSTRASSE 8
City-State-Zip:	SULGEN CH 8583

Title	DIRECTOR
Name	RUTZER, FRANZ
Address	BELIMED AG ZELGSTRASSE 8
City-State-Zip:	SULGEN CH 8583

Title	DIRECTOR
Name	MCDONALD, JOSEPH C
Address	2325 CHARLESTON REGIONAL PKWY
City-State-Zip:	CHARLESTON SC 29492

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: QUENTIN EARL**CFO****01/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date