

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29797

Entity Name: HEALTHMED SUPPLIES INC.

Current Principal Place of Business:

4601 SW 75 AVE
MIAMI, FL 33155

Current Mailing Address:

4601 SW 75 AVE
MIAMI, FL 33155 US

FEI Number: 59-2703714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROJAS, ROBERTO
15600 PINES BLVD.
STE. 206
MIAMI, FL 33027 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 PD
Name LEWELLEN, FRANCISCA
Address 8940 SW 125TH TERR.
City-State-Zip: MIAMI FL

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: FRANCISCA LEWELLEN

PRESIDENT

03/11/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date