

**2016 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: FRANCES LEWELLEN**

**DIRECTOR**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date