

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000042185

**Entity Name:** MECAMED CORP

**Current Principal Place of Business:**

6993 N.W. 82 AVE  
BAY 30  
MIAMI, FL 33166

**Current Mailing Address:**

6993 N.W. 82 AVE  
BAY 30  
MIAMI, FL 33166

**FEI Number:** 41-2042380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUNIZ, EMMANUEL  
6993 NW 82 AVE  
BAY 30  
MIAMI, FL 33166 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 MONTANEZ, OMAR E  
Address 18099 SW 54 ST  
City-State-Zip: MIRAMAR FL 33029

Title VP  
Name RANDO, CARLOS D  
Address 18099 SW 54 ST  
City-State-Zip: MIRAMAR FL 33029

*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:** CARLOS RANDO

VP

01/09/2015

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

\_\_\_\_\_  
Date