

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000158028

**Entity Name:** AMERIMEDZ II INC.

**Current Principal Place of Business:**

4047 OKEECHOBEE BLVD  
217  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

4047 OKEECHOBEE BLVD  
217  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 20-1844823

**Certificate of Status Desired:** Yes

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

METZLER, CHRISTOPHER ESQUIRE  
600 S DIXIE HWY  
WEST PALM BEACH, FL 33401 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            PRES  
Name            METZLER, CHRISTOPHER DR.  
Address        4047 OKEECHOBEE BLVD  
                  218  
City-State-Zip: WEST PALM BEACH FL 33409

Title            CFO  
Name            METZLER, LUCY INGRID  
Address        4047 OKEECHOBEE BLVD  
                  218  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** METZLER , CHRISTOPHER , DR.

**MANAGER**

**12/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date