

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000010720

**Entity Name:** PC MEDIC INC.

**Current Principal Place of Business:**

1739 NW 80 AVE.  
# D  
MARGATE, FL 33063

**Current Mailing Address:**

P.O. BOX 190687  
LAUDERHILL, FL 33319 US

**FEI Number:** 20-8293462

**Certificate of Status Desired:** No

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

JNO BAPTISTE, LESTER  
1739 NW 80 AVE.  
# D  
MARGATE, FL 33063 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 JNO BAPTISTE, LESTER  
Address P.O. BOX 190687  
City-State-Zip: LAUDERHILL FL 33319

Title VP  
Name JNO BAPTISTE, SANDRA  
Address P.O. BOX 190687  
City-State-Zip: LAUDERHILL FL 33319

*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:** LESTER JNO BAPTISTE

PD

06/23/2020

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

\_\_\_\_\_  
Date