

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000048304

**Entity Name:** NEWMED, INC.

**Current Principal Place of Business:**

11231 NW 20TH STREET  
#137  
MIAMI, FL 33172

**Current Mailing Address:**

11231 NW 20TH STREET  
#137  
MIAMI, FL 33172 US

**FEI Number:** 20-8875234

**Certificate of Status Desired:** Yes

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

BORGES, CARLOS M  
11231 NW 20TH STREET  
# 137  
MIAMI, FL 33172 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 PSD  
Name BORGES, CARLOS M  
Address 11231 NW 20TH STREET # 137  
City-State-Zip: MIAMI FL 33172

Title D  
Name BELTRAN GOMES, VITTORIO A  
Address 11231 NW 20TH STREET # 137  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name BENAVENTE, NELSON  
Address 11231 NW 20TH STREET #137  
City-State-Zip: MIAMI FL 33172

*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:** NELSON BENAVENTE

**MANAGER**

**03/04/2016**

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

\_\_\_\_\_  
Date