

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000060873

**Entity Name:** ADMECO MEDICAL, INC.

**Current Principal Place of Business:**

4406 EXCHANGE AVE.  
SUITE 115  
NAPLES, FL 34104

**Current Mailing Address:**

4406 EXCHANGE AVENUE  
SUITE 115  
NAPLES, FL 34104 US

**FEI Number:** 51-0636329

**Certificate of Status Desired:** No

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

LOPEZ, MONICA  
4406 EXCHANGE AVENUE  
SUITE 115  
NAPLES, FL 34104 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:** MONICA LOPEZ

11/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            LOPEZ, MONICA  
Address        4406 EXCHANGE AVENUE  
                 SUITE 115  
City-State-Zip: NAPLES FL 34104

*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:** MONICA LOPEZ

PRESIDENT

11/13/2017

Electronic Signature of Signing Officer/Director Detail

Date