

**2014 FLORIDA PROFIT CORPORATION 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:**

1957 SACRAMENTO  
WESTON, FL 33326

**FEI Number:** 51-0636329

**Certificate of Status Desired:** No

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

SHEIN, MINDY J  
1957 SACRAMENTO  
WESTON, FL 33326 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            SHEIN, MINDY J  
Address        1957 SACRAMENTO  
City-State-Zip: WESTON FL 33326

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:** MINDY SHEIN

**OWNER**

**02/14/2014**

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

\_\_\_\_\_  
Date