

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000026268

**Entity Name:** DROMEDICA CORP

**Current Principal Place of Business:**

8339 NW 64 STREET  
SUITE 03  
MIAMI, FL 33166

**Current Mailing Address:**

4533 SW 195TH WAY  
MIRAMAR, FL 33029 US

**FEI Number:** 26-2279839

**Certificate of Status Desired:** No

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

BOSCAN, ISABEL  
4533 SW 195TH WAY  
MIRAMAR, FL 33029 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            P  
Name            BOSCAN, ISABEL  
Address        8339 NW 64 STREET  
City-State-Zip: MIAMI FL 33166

*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:** ISABEL BOSCAN

**PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date