

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000026268

**Entity Name:** DROMEDICA CORP

**Current Principal Place of Business:**

8339 NW 64TH ST  
SUITE 103  
MIAMI, FL 33166

**FILED**  
**Mar 19, 2017**  
**Secretary of State**  
**CC4141990630**

**Current Mailing Address:**

12555 ORANGE DR  
SUITE 4099  
DAVIE, FL 33330 US

**FEI Number:** 26-2279839

**Certificate of Status Desired:** No

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

BOSCAN, ISABEL  
12555 ORANGE DR  
SUITE 4099  
DAVIE, FL 33330 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 12555 ORANGE DR  
SUITE 4099  
City-State-Zip: DAVIE FL 33330

*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**

**03/19/2017**

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

\_\_\_\_\_  
Date