

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005437

Entity Name: DADE MEDICAL GROUP INC.

Current Principal Place of Business:

7901 S.W. 104TH ST., APT. H-214
MIAMI, FL 33156

Current Mailing Address:

P. O. BOX 443291
MIAMI, FL 33144 US

FEI Number: 30-0527842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOMINO PEREZ, GEIKIEL
7901 SW 104TH ST., APT. H-214
MIAMI, FL 33156 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 JACOMINO PEREZ, GEIKIEL
Address 7901 S.W. 104TH STREET, APT. H-214

City-State-Zip: MIAMI FL 33156

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: JACOMINO PEREZ GEIKIEL

PRESIDENT

02/26/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date