

**2017 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:** GEIKIEL JACOMINO PEREZ

**PRESIDENT**

**01/17/2017**

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

\_\_\_\_\_ Date