

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080124

**Entity Name:** RAYMED, CORP.

**Current Principal Place of Business:**

3650 NW 82 AVE  
SUITE 404  
MIAMI, FL 33166

**Current Mailing Address:**

PO BOX 610430  
MIAMI, FL 33261

**FEI Number:** 27-1017443

**Certificate of Status Desired:** No

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

PAVLUK, ADRIANA  
3650 NW 82 AVE  
SUITE 404  
DORAL, FL 33166 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 PAVLUK, ADRIANA  
Address 3650 NW 82 AVE SUITE 404  
City-State-Zip: DORAL FL 33166

Title T  
Name PAVLUK, ADRIANA  
Address 3650 NW 82 AVE SUITE 404  
City-State-Zip: DORAL FL 33166

Title VP  
Name PAVLUK, ADRIANA  
Address 3650 NW 82 AVE SUITE 404  
City-State-Zip: DORAL 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:** ADRIANA PAVLUK

**PRES.**

**04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date