

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000023184

Entity Name: ICON BIOMEDICAL, INC

Current Principal Place of Business:

3475 GOLDEN GATE BLVD. W.
NAPLES, FL 34120

Current Mailing Address:

3475 GOLDEN GATE BLVD. W.
NAPLES, FL 34120

FEI Number: 27-2218603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODI, FABIO MD
3475 GOLDEN GATE BLVD. W.
NAPLES, FL 34120 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 RODI, FABIO MD
Address 3475 GOLDEN GATE BLVD. W.
City-State-Zip: NAPLES FL 34120

Title VP
Name CECCHETTI, CRISTINA
Address 3475 GOLDEN GATE BLVD. W.
City-State-Zip: NAPLES FL 34120

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: FABIO RODI

PRES.

06/09/2015

Electronic Signature of Signing Officer/Director Detail

Date