

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079061

Entity Name: YOUR MEDICAL NEEDS INC.

Current Principal Place of Business:

301 BONAVENTURE BLVD.
UNIT 16
WESTON, FL 33326

Current Mailing Address:

301 BONAVENTURE BLVD
UNIT 16
WESTON, FL 33326 US

FEI Number: 36-4708582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROSPECT, ANTONIO K
6625 WINFIELD BLVD #107
MARGATE, FL 33063 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 PRESIDENT
Name PEREZ, ISABEL Y
Address 301 BONAVENTURE BLVD
 UNIT 16
City-State-Zip: WESTON FL 33326

Title VP
Name ZERPA, SAUL J
Address 301 BONAVENTURE BLVD
 UNIT 16
City-State-Zip: WESTON FL 33326

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 Y PEREZ

PRESIDENT

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date