

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000063059

**Entity Name:** GENEMEDICS HEALTH INSTITUTE OF FLORIDA P.A.

**Current Principal Place of Business:**

299 W. CAMINO GARDEN BOULEVARD  
SUITE 103  
BOCA RATON, FL 33432

**Current Mailing Address:**

280 NORTH OLD WOODWARD AVE  
SUITE LL12  
BIRMINGHAM, MI 48009

**FEI Number:** 46-0654502

**Certificate of Status Desired:** No

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

SHANLIKIAN, GEORGE  
1013 VIA JARDIN  
PALM BEACH GARDENS, FL 33418 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	PRES
Name	SHANLIKIAN, GEORGE
Address	280 NORTH OLD WOODWARD #LL12
City-State-Zip:	BIRMINGHAM MI 48009

*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:** GEORGE SHANLIKIAN

**PRESIDENT**

**04/18/2013**

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

\_\_\_\_\_  
Date