

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000064004

**Entity Name:** FMHM INC

**Current Principal Place of Business:**

7252 HIGH POINT BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

7252 HIGH POINT BLVD  
BROOKSVILLE, FL 34613 US

**FEI Number:** 90-0872284

**Certificate of Status Desired:** No

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

RAHMAN, NICOLAUS  
8033 ST ANDREWS BLVD  
WEEKI WACHEE, FL 34613 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 RAHMAN, KRISZTINA  
Address 8033 ST ANDREWS BLVD  
City-State-Zip: WEEKI WACHEE FL 34613

*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:** KRISZTINA RAHMAN

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date