

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000074417

**Entity Name:** ALLMED GROUP CORPORATION

**Current Principal Place of Business:**

12550 BISCAYNE BLVD  
#110  
MIAMI, FL 33181

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC5637176990**

**Current Mailing Address:**

12550 BISCAYNE BLVD  
#110  
MIAMI, FL 33181 US

**FEI Number: 30-0796640**

**Certificate of Status Desired: No**

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

REGOJO, ANTONIO  
12550 BISCAYNE BLVD  
#110  
MIAMI, FL 33181 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            MOROCHO ESCANDON, PAULO C  
Address        12550 BISCAYNE BLVD  
                  #110  
City-State-Zip: MIAMI FL 33181

*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: PAULO C MOROCHO ESCANDON**

**P**

**04/16/2018**

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

\_\_\_\_\_  
Date