

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000091790

Entity Name: TRANSPOMED, INC.

Current Principal Place of Business:

5401 S. KIRKMAN RD.
SUITE #105
ORLANDO, FL 32819

Current Mailing Address:

5401 S. KIRKMAN RD.
SUITE #105
ORLANDO, FL 32819 US

FEI Number: 90-1026053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

US TAX CONSULTING, INC.
5401 S. KIRKMAN RD.
SUITE #105
ORLANDO, FL 32819 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 CLINICA MARTINS LTDA
Address RUA ROMUALDO GALVAO 1500
City-State-Zip: NATAL RN 59022--100

Title VP
Name MARTINS, ANTONIO A
Address 8624 OLDBRIDGE LANE
City-State-Zip: ORLANDO FL 32819

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: ANTONIO A MARTINS

VP

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date