

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000016827

Entity Name: PN MEDICAL, INC.

Current Principal Place of Business:

1 SOUTH ORANGE AVE
SUITE 502
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 4431
ORLANDO, FL 32802-4431 US

FEI Number: 35-2532115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARBONE, MARK
1 SOUTH ORANGE AVE
SUITE 502
ORLANDO, FL 32801 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	Title	VPS
Name	CARBONE, MARK	Name	CARBONE, SUSAN
Address	1 SOUTH ORANGE AVE SUITE 502	Address	1 SOUTH ORANGE AVE SUITE 502
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	VP		
Name	NICHOLSON, MARGUERITE K		
Address	1 SOUTH ORANGE AVE SUITE 502		
City-State-Zip:	ORLANDO FL 32801		

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: SUSAN CARBONE

VPS

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date