

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000046441

**Entity Name:** OD MEDICAL CORP

**Current Principal Place of Business:**

8531 NW 66TH ST  
B  
MIAMI, FL 33166

**FILED**  
**Jun 25, 2020**  
**Secretary of State**  
**2651892465CC**

**Current Mailing Address:**

10620 NW 88TH ST  
202  
DORAL, FL 33178 US

**FEI Number:** 81-2765986

**Certificate of Status Desired:** No

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

MARTINEZ, PABLO A  
200 S BISCAYNE BLVD  
SUITE 2790  
MIAMI, FL 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 D  
Name ORIANA GABRIELA DAVILA CHACIN  
Address 8531 NW 66TH ST  
B  
City-State-Zip: MIAMI FL 33166

*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:** ORIANA DAVILA

06/25/2020

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

\_\_\_\_\_  
Date