

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000077339

**Entity Name:** CAP MED CORP.

**Current Principal Place of Business:**

1201 US HWY #1 STE 245  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

PO BOX 7272  
JUPITER, FL 33468

**FEI Number:** 83-1877053

**Certificate of Status Desired:** No

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

SPIVAK, DANIEL  
7057 EDISON PL  
PALM BEACH GARDENS, FL 33418 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            CEO  
Name            SPIVAK, DANIEL  
Address        PO BOX 7272  
City-State-Zip: JUPITER FL 33468

*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:** DANIEL SPIVAK

CEO

02/01/2021

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

\_\_\_\_\_  
Date