

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000000647

Entity Name: INTERMEDICA, INC.**Current Principal Place of Business:**3300 S OCEAN BLVD #619
HIGHLAND BEACH, FL 33487**Current Mailing Address:**206 WILLIAMS STREET
WRENTHAM, MA 02093 US**FEI Number:** 80-0708976**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TITOV, SERGEY
3300 S OCEAN BLVD #619
HIGHLAND BEACH, FL 33487 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	TITOV, GARY
Address	206 WILLIAMS STREET
City-State-Zip:	WRENTHAM MA 02093

Title	VP
Name	TITOV, SERGEY
Address	3300 S OCEAN BLVD APT 619
City-State-Zip:	HIGHLAND BEACH FL 33487

Title	D
Name	TITOV, GARY
Address	206 WILLIAMS STREET
City-State-Zip:	WRENTHAM MA 02093

Title	S
Name	TITOV, GARY
Address	206 WILLIAMS STREET
City-State-Zip:	WRENTHAM MA 02093

Title	T
Name	TITOV, GARY
Address	206 WILLIAMS STREET
City-State-Zip:	WRENTHAM MA 02093

Title	SD
Name	TITOV, SERGEY
Address	3300 S OCEAN BLVD #619
City-State-Zip:	HIGHLAND BEACH FL 33487

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: GARY TITOV**PRESIDENT****01/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date