

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000081912

**Entity Name:** NUTRIMED USA, CORP

**Current Principal Place of Business:**

7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166

**Current Mailing Address:**

7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166 US

**FEI Number:** 36-5042452

**Certificate of Status Desired:** No

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

PASAN ACCOUNTANTS  
2310 W WATERS AVE  
SUITE D  
TAMPA, FL 33604 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 ROMAN, MARIA T  
Address BASEL 4606,CASA C,LA  
DEHESA,COMUNA LO BARN  
City-State-Zip: SANTIAGO CH CHILE

*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:** ROMAN , MARIA T

P

03/28/2024

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

\_\_\_\_\_  
Date