

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000054483

**Entity Name:** ROAMING MEDICAL INC.

**Current Principal Place of Business:**

4613 N UNIVERSITY DR  
UNIT 325  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

4613 N UNIVERSITY DR  
UNIT 325  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 93-2575313

**Certificate of Status Desired:** No

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

VAZQUEZ, LESLY M  
4613 N UNIVERSITY DR  
UNIT 325  
CORAL SPRINGS, FL 33067 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 VAZQUEZ, LESLY  
Address 4613 N UNIVERSITY DR  
UNIT 325  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** LESLY VAZQUEZ

**DIRECTOR**

**04/29/2024**

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

\_\_\_\_\_  
Date