

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021951

Entity Name: TRI-MED HEALTH CORP.

Current Principal Place of Business:

8622 NW 47 DR
CORAL SPRINGS, FL 33067

Current Mailing Address:

8622 NW 47 DR
CORAL SPRINGS, FL 33067

FEI Number: 65-0396475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUTIERREZ, MARLEN
8622 NW 47 DR
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 PSTD
Name GUTIERREZ, MARLEN
Address 8622 NW 47 DR
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: MARLEN GUTIERREZ

PRESIDENT

03/02/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date