

**2017 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            PRESIDENT  
Name            GUTIERREZ, MARLEN  
Address        8622 NW 47 DR  
City-State-Zip: CORAL SPRINGS FL 33067

Title            VP  
Name            CRUZ, JANINE G  
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**

**03/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date