## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011231

**Entity Name: AMERICAN BAROMEDICAL CORPORATION** 

FILED
Jan 24, 2014
Secretary of State
CC8445232673

## **Current Principal Place of Business:**

631 US HWY 1 SUITE 307

NORTH PALM BEACH, FL 33408

## **Current Mailing Address:**

631 US HWY 1 SUITE 307

NORTH PALM BEACH, FL 33408 US

FEI Number: 65-0813747 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GRECO, HEATHER R 631 US HWY 1 SUITE 307 NORTH PALM BEACH, FL 33408 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title ST Title P

Name GRECO, HEATHER Name PETERS, JOHN S
Address 631 US HWY 1 Address 631 US HWY 1

SUITE 307 SUITE 307

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City-State-Zip: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

Title D Title D

Name LANGLEY, JENNIFER Name JOHNSON, AL

Address 631 US HWY 1 Address 5231 BELLAIRE BLVD

SUITE 307 City-State-Zip: BELLAIRE TX 77401 NORTH PALM BEACH FL 33408

Electronic Signature of Signing Officer/Director Detail

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.