**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 28, 2014**
**Secretary of State**
**CC1198982857**

DOCUMENT# P98000071535

**Entity Name:** ELMED MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

3956 TOWN CENTER BLVD
STE 217
ORLANDO, FL 32837

**Current Mailing Address:**

3956 TOWN CENTER BLVD
STE 217
ORLANDO, FL 32837 US

**FEI Number: 58-2410836**

**Certificate of Status Desired:** No

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

LOPEZ, AXEL
3956 TOWN CENTER BLVD
STE 217
ORLANDO, FL 32837 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 | PSD | Title | VP |
| Name | LOPEZ, AXEL G | Name | LOPEZ, EVANA |
| Address | 3516 BENT WOOD DR. | Address | 3516 BENT WOOD DR |
| City-State-Zip: | KISSIMMEE FL 34741 | City-State-Zip: | KISSIMMEE FL 34741 |

*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: AXEL G LOPEZ PRESIDENT 04/28/2014

Electronic Signature of Signing Officer/Director Detail — Date