

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24107

Entity Name: POOL MEDIC, INC.

Current Principal Place of Business:

8506 STATE ROAD 52
HUDSON, FL 34667

Current Mailing Address:

8506 STATE ROAD 52
HUDSON, FL 34667

FEI Number: 59-3116113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAHN, EDWIN
6761 RANCHWOOD LOOP
NEW PORT RICHEY, FL 34653 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 VP
Name GIBER, MICHAEL
Address 10535 EARHART DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title P
Name KAHN, EDWIN
Address 6761 RANCHWOOD LOOP
City-State-Zip: NEW PORT RICHEY FL 34653

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: EDWIN KAHN

PRESIDENT

01/19/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date