## **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

## 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:

#### Date Electronic Signature of Registered Agent **Officer/Director Detail :** VP Title Title Ρ Name GIBER, MICHAEL Name KAHN, EDWIN Address 10535 EARHART DRIVE Address 6761 RANCHWOOD LOOP City-State-Zip: NEW PORT RICHEY FL 34654 City-State-Zip: NEW PORT RICHEY FL 34653

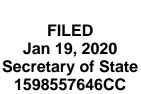
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No