

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003814

**FILED  
Mar 19, 2018  
Secretary of State  
CC9577406639**

**Entity Name:** REALMED/AV CORPORATION

**Current Principal Place of Business:**

10752 DEERWOOD PARK BLVD S  
SUITE 110  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10752 DEERWOOD PARK BLVD S  
SUITE 110  
JACKSONVILLE, FL 32256 US

**FEI Number:** 35-1970389

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO/DIRECTOR  
Name            THOMAS, RUSS  
Address        10752 DEERWOOD PARK BLVD S  
                  SUITE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title            CORPORATE SECRETARY/DIRECTOR  
Name            LINDGREN, KARIN  
Address        10752 DEERWOOD PARK BLVD S  
                  SUITE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title            CFO / TREASURER/DIRECTOR  
Name            EASTMAN, NATE  
Address        10752 DEERWOOD PARK BLVD S  
                  SUITE 110  
City-State-Zip: JACKSONVILLE FL 32256

*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:** RUSS THOMAS

CFE

03/19/2018

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date