## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004398

**Entity Name: OBMEDICAL COMPANY** 

**Current Principal Place of Business:** 

107 SW 140TH TERRACE SUITE 1

NEWBERRY, FL 32669

**Current Mailing Address:** 

107 SW 140TH TERRACE SUITE 1 NEWBERRY, FL 32669

FEI Number: 46-0537828 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EULIANO, NEIL PHD 107 SW 140TH TERRACE SUITE 1 NEWBERRY, FL 32669 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

Date

FILED Mar 19, 2017

**Secretary of State** 

CC9070894968

Officer/Director Detail:

Title CS Title VP

NameEULIANO, NEIL RPH.D.NameRAMSEY, KIMBERLY AAddress107 SW 140TH TERRACE SUITE 1Address107 SW 140TH TERRACE

SUITE 1

City-State-Zip: NEWBERRY FL 32669

City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR

Name STUBBS, JAMES B PHD Title DIRECTOR

Name DRESDEN, SCOTT MD
Address 107 SW 140TH TERRACE SUITE 1

Address 107 SW 140TH TERRACE SUITE 1

City-State-Zip: NEWBERRY FL 32669

City-State-Zip: NEWBERRY FL 32669

Title CEO, PRESIDENT Title CFO

Electronic Signature of Signing Officer/Director Detail

Name SAMUELS, MARK A Name BAUMBAUCH, FRED

Address 107 SW 140TH TERRACE SUITE 1 Address 107 SW 140TH TERRACE SUITE 1

City-State-Zip: NEWBERRY FL 32669 City-State-Zip: NEWBERRY FL 32669

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: KIMBERLY A. RAMSEY VP FINANCE 03/19/2017