FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K85931** **(9)**

1. Corporation Name

PRO MED INC.

Principal Place of Business	Mailing Address
20237 NE 16TH PLACE MIAMI FL 33179	20237 NE 16TH PLACE MIAMI FL 33179

2. Principal Place of Business	2a. Mailing Address
21 3960 NW 26 Street	26 3960 NW 26 Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami - Fl	28 City & State: Miami Fl
24 Zip: 33142 25 Country	29 Zip: 33142 30 Country

3. Date Incorporated or Qualified: **05/05/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0126422** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYN, USHER
2875 NE 191 ST STE 802
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	FRIEDEBERG, HUGO		1.2 NAME	FRIEDEBERG, HUGO	
STREET ADDRESS	611 LESLIE DRIVE		1.3 STREET ADDRESS	2222 NE 7ST	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	HALLANDALE - FL. 33009	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	FRIEDEBERG, AARON MICHAEL		2.2 NAME	FRIEDEBERG, AARON MICHAEL	
STREET ADDRESS	16413 NE 33 AVE.		2.3 STREET ADDRESS	3787 NE 168TH ST.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	NMBeach. FL 33160	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____ 3/05/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date