

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000039797**

1. Entity Name

HEALTHMED MANAGEMENT, INC.



Principal Place of Business

1821 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024

Mailing Address

1821 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024



04092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0661118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARIN, DOLLYANN  
1821 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000010281  
04/12/04-20061-028 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MARIN, DOLLYANN  
STREET ADDRESS 1821 NW 93RD AVENUE  
CITY - ST - ZIP PEMBROKE PINES, FL 33024

TITLE D  
NAME MARIN, OTNIEL  
STREET ADDRESS 1821 NW 93RD AVENUE  
CITY - ST - ZIP PEMBROKE PINES, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dollyann Marin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/04*  
Date

*954-704-4034*  
Daytime Phone #