

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 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**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

**000000509075
04/28/06-80029-024 150.00**

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**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

**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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4-10-06

954-704-4034