



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/ **FILED**
Jul 14, 2008 8:00 am
Secretary of State

06-09-2008 90002 035 ***150.00

DOCUMENT # P02000098199		
1. Entity Name HEALTHMED GROUP, INC.		
Principal Place of Business 7805 SW 24TH STREET SUITE 105 MIAMI, FL 33155		Mailing Address P.O. BOX 442869 MIAMI, FL 33144
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 NW 42 AVENUE SUITE 416 MIAMI, FL 33126		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REGALADO, RICARDO L 7805 CORAL WAY, SUITE 105 MIAMI, FL 33155	
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DO NOT WRITE 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:  7/14/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		