

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156749

**Entity Name:** HYDROMED SOLUTIONS, INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

320 S. FLAMINGO ROAD  
SUITE 283  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

320 S. FLAMINGO ROAD  
SUITE 283  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 20-8089412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAVER, DENISE  
320 S. FLAMINGO ROAD  
SUITE 283  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEAVER, DENISE  
Address: 320 S. FLAMINGO ROAD, SUITE 283  
City-St-Zip: PEMBROKE PINES, FL 33027

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: DENISE WEAVER

PRES

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date