

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000043997

Entity Name: DYNAMIC MEDS CORP.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1504 FARMINGTON COURT  
WELLINGTON, FL 33414

## **New Principal Place of Business:**

8400 BUSTLETON AVE.  
SUITE 204  
PHILADELPHIA, PA 19152

## **Current Mailing Address:**

1504 FARMINGTON COURT  
WELLINGTON, FL 33414

## **New Mailing Address:**

8400 BUSTLETON AVE.  
SUITE 204  
PHILADELPHIA, PA 19152

FEI Number: 26-2545145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIESES, LUIS  
1504 FARMINGTON COURT  
WELLINGTON, FL 33414 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: OWNE  
Name: GRYSZKIEWICZ, PAUL  
Address: 8400 BUSTLETON AVE , SUITE 204  
City-St-Zip: PHILADELPHIA, PA 19152

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: PAUL GRYSZKIEWICZ

OWNE

04/25/2012

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

\_\_\_\_\_  
Date