## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000050226

LAKE WORTH, FL 33449

City-St-Zip:

Entity Name: GENMED, INC.

**FILED** Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5070 FOREST DALE DRIVE LAKE WORTH, FL 33449 **Current Mailing Address: New Mailing Address:** 5070 FOREST DALE DRIVE LAKE WORTH, FL 33449 FEI Number: 05-0596431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDREWS, ROBIN 5070 FOREST DALE DRIVE LAKE WORTH, FL 33449 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ANDREWS, ROBIN Name: Name: 5070 FOREST DALE DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33449 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete ANDREWS, MARK ANDREWS, MARK Name: Name: 5070 FOREST DALE DRIVE Address: 5070 FOREST DALE DRIVE Address:

City-St-Zip:

LAKE WORTH, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN ANDREWS CEO 04/29/2009