

2014 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13000013336

1. Entity Name
BIOMEDIZIN USA INC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 22 PM 3:43

Principal Place of Business Mailing Address
13506 SUMMERPORT VILLAGE PARKWAY SUITE #811 WINDERMERE, FL 34786
13506 SUMMERPORT VILLAGE PARKWAY SUITE #811 WINDERMERE, FL 34786

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06232014 Chg-P CR2E034 (12/11)

4. FEI Number 46-1342030 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTAMARIA, MONICA
13506 SUMMERPORT VILLAGE PARKWAY
SUITE #811
WINDERMERE, FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 17, 2014

FILE NOW!!! FEE IS \$150.00
Due by September 26, 2014

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FERNANDEZ, ANTONIO N MD
STREET ADDRESS 5203 TILDENS GROVE BLVD
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SM ☐ Change ☒ Addition
NAME FELIPE MADRIGAL
STREET ADDRESS 576 NW 87 TER
CITY-ST-ZIP CORAL SPRING FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100262565441
07/22/14--01023--011 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Nicolas Fernandez GAVE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
AUTHORIZATION BY PHONE TO
CORRECT Title to Sales Manager (SM)
DATE 7/25/2014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DOC. EXAM J. Carter

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

July 17/14

NICK@HYPERFLOWMEDICAL.COM