

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039804

Entity Name: ALL-MED, INC.

FILED  
Apr 14, 2011  
Secretary of State

**Current Principal Place of Business:**

2001 E COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2001 E COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 65-0387022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHERER, BARBARA A  
2001 E COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33308 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: PD  
Name: SCHERER, BARBARA  
Address: 2001 E COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP  
Name: SCHERER, BARBARA  
Address: 2001 E COMMERCIAL BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: BARBARA A SCHERER

PD

04/14/2011

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

\_\_\_\_\_  
Date