

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106011

Entity Name: BEMI UNLIMITED, INC.

FILED  
Feb 20, 2011  
Secretary of State

**Current Principal Place of Business:**

800 CENTURY MEDICAL DR.  
STE. A  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 CENTURY MEDICAL DR.  
STE. A  
TITUSVILLE, FL 32796 US

**New Mailing Address:**

FEI Number: 59-3482356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, BEATRIZ V  
800 CENTURY MEDICAL DRIVE  
STE. B  
TITUSVILLE, FL 32796 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: P  
Name: QUINTANA, MAGALI  
Address: 800 CENTURY MEDICAL DR., STE. B  
City-St-Zip: TITUSVILLE, FL 32796

Title: S  
Name: PEREZ, BEATRIZ  
Address: 800 CENTURY MEDICAL DR. STE. A  
City-St-Zip: TITUSVILLE, FL 32796

Title: VP  
Name: ALVAREZ, IDAIGNA M  
Address: 800 CENTURY MEDICAL DR. STE. B  
City-St-Zip: TITUSVILLE, FL 32796

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: BEATRIZ V PEREZ

SECT

02/20/2011

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

\_\_\_\_\_ Date