

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/ **FILED**
Jul 03, 2008 8:00 am
Secretary of State

06-09-2008 90002 036 ***150.00

DOCUMENT # P99000057281

1. Entity Name
QUALMED MEDICAL GROUP, INC.



Principal Place of Business

**7805 CORAL WAY
SUITE 103
MIAMI, FL 33155**

Mailing Address

**P.O. BOX 441206
MIAMI, FL 33144**

66015009



DO NOT WRITE IN THIS SPACE

05082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0940393

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORDOVA, ANGEL D
780 NW 42 AVENUE
SUITE 416
MIAMI, FL 33126**

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IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REGALADO, RICARDO L
STREET ADDRESS	7805 CORAL WAY SUITE 103
CITY-ST-ZIP	MIAMI, FL 33156539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ricardo L. Regalado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/08 305-398-0804

Daytime Phone #