PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25857

Country

9. Name and Address of Current Registered Agent

25

RUBIDO, PELAYO OSCAR

7815 CORAL WAY SUITE 101

MIAMI FL 33144-4209

HERMES MED, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

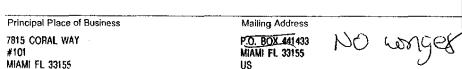
City & State

21

⊒2

⊒3 Zip

24



26

29

Suite, Apt. #, etc.

City & State

Zip

FILED May 11, 2001 8:00 am Secretary of State

05-11-2001 90309 045 ***150.00

DO NOT WRITE IN THIS SPACE							
4. FEI Number							
	Not Applicable						
	\$8.75 Additional Fee Required						
	\$5.00 May Be Added to Fees						
ent year	Intangible						
	☐ Yes ☐ No						
Register	ed Agent						
	[] ent year						

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's hoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes.

Country

81

83

84 City

Name

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

30

agent. I ar	n familiar with, and accept the obligations of	R Section 607 0505, Floric	la Statutes.	·	•	
SIGNATURE	Signatury, typed or printed name at registered agent and title	White	registored Agent algorature required	utus rainalatha)	DATE	
12.	ØFFICERS AND DIR		13.	ADDITIONS/CHANGES TO		RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	RUBIDO, PELAYO OSCAR		1.2 NAME		•	
STREET ADDRESS	7815 CORAL WAY #101		1.3 STREET ADDRESS		*	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP]
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS	•		2.3 STREET AODRESS			1
CITY-ST-ZIP		,	2. 4 CITY-ST-ZIP]
TITLE		☐ DELETE	3.1 TITLE		Change	Addilion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		[] Change	☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-ST-ZP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF STONING OFFICER OR DIRECTOR

Date Dayling Phone #

CR2E034 (11/98)

Zip Code