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.

PRESIDENT

SIGNATURE: P. MICHAEL PRINCE

Electronic Signature of Signing Officer/Director Detail

Entity Name: PRINCE MEDICAL, INC. **Current Principal Place of Business:**

304 SW 140TH TERRACE NEWBERRY, FL 32669

DOCUMENT# L06942

Current Mailing Address:

304 SW 140TH TERRACE NEWBERRY, FL 32669

FEI Number: 59-2956962

Name and Address of Current Registered Agent:

PRINCE, MIKE 1522 SW 112TH STREET GAINESVILLE, FL 32607 US

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:

Officer/Director Detail :

Title	PSD	Title	VPTD
Name	PRINCE, P. MICHAEL	Name	PRINCE, TAMMY
Address	1522 SW 112TH STREET	Address	1522 SW 112TH STREET
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607

FILED Jan 08, 2015 Secretary of State CC6383767691

Certificate of Status Desired: No

01/08/2015 Date

Date

Electronic Signature of Registered Agent

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT