

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L91146

**Entity Name:** BELIMED INC.

**Current Principal Place of Business:**

1535 HOBBY STREET,  
STE. 103  
NORTH CHARLESTON, SC 29405

**Current Mailing Address:**

1535 HOBBY STREET,  
STE. 103  
NORTH CHARLESTON, SC 29405 US

**FEI Number:** 65-0213127

**Certificate of Status Desired:** Yes

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            MOLNAR, ANDREW  
Address        1535 HOBBY STREET  
                 SUITE 103  
City-State-Zip: NORTH CHARLESTON SC 29405

Title            CFO  
Name            WALLISER, STEFAN  
Address        1535 HOBBY STREET  
                 SUITE 103  
City-State-Zip: NORTH CHARLESTON SC 29405

Title            DIRECTOR  
Name            SPALINGER, BEAT  
Address        BELIMED AG  
                 ZELGSTRASSE 8  
City-State-Zip: SULGEN CH 8583

*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:** ANDREW MOLNAR

**PRESIDENT**

**02/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date