

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000024523

**Entity Name:** REMED, INC.

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC2878153182**

**Current Principal Place of Business:**

16400 COLLINS AVE  
TH-2  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16400 COLLINS AVE  
TH-2  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 65-1081799

**Certificate of Status Desired:** No

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

SHARP, VICTORIA  
16400 COLLINS AVE  
TH-2  
SUNNY ISLES BEACH, FL 33160 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 PSVT  
Name SHARP, VICTORIA  
Address 16400 COLLINS AVE. APT. TH2  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name SHARP, VICTORIA  
Address 16400 COLLINS AVE. APT. TH2  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** VICTORIA SHARP

**PRESIDENT**

**04/18/2013**

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

\_\_\_\_\_  
Date