

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000050578

**Entity Name:** POLMED PA

**Current Principal Place of Business:**

1803 BRIAR CREEK BLVD  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

P.O. BOX 1289  
BRANDON, FL 33504 US

**FEI Number:** 59-3717236

**Certificate of Status Desired:** No

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

KASZUBA, ROBERT  
1770 LAGO VISTA BLVD  
PALM HARBOR, FL 34685 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 PD  
Name KASZUBA, ROBERT  
Address 1770 LAGO VISTA BLVD  
City-State-Zip: PALM HARBOR FL 34685

*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:** ROBERT KASZUBA

MD

04/28/2014

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

\_\_\_\_\_  
Date