

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158028

Entity Name: AMERIMEDZ II INC.

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
217
WEST PALM BEACH, FL 33409

Current Mailing Address:

4047 OKEECHOBEE BLVD
217
WEST PALM BEACH, FL 33409 US

FEI Number: 20-1844823

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CITY PLACE PHARMACY
4047 OKEECHOBEE BLVD
216
WEST PALM BEACH, FL 33409 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: CHRISTOPHER METZLER

05/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name METZLER, CHRISTOPHER DR.
Address 4047 OKEECHOBEE BLVD
218
City-State-Zip: WEST PALM BEACH FL 33409

Title CFO
Name METZLER, LUCY INGRID
Address 4047 OKEECHOBEE BLVD
218
City-State-Zip: WEST PALM BEACH FL 33409

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: METZLER , CHRISTOPHER , DR.

CEO

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date