

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000013904

**Entity Name:** OMNIMED, INC**Current Principal Place of Business:**8751 W. BROWARD BLVD SUITE 202  
PLANTATION, FL 33324**Current Mailing Address:**5486 S. FLAMINGO ROAD,  
STE 245  
COOPER CITY, FL 33330 US**FEI Number:** 20-4761586**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOEL FRIEND & ASSOCIATES, INC  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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:** JOEL FRIEND

03/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PD
Name	DUFEK, MICHAEL ASR	Name	DUFEK, SHARON
Address	5486 S. FLAMINGO ROAD, STE 245	Address	5486 S. FLAMINGO ROAD, STE 245
City-State-Zip:	COOPER CITY FL 33330	City-State-Zip:	COOPER CITY FL 33330

*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:** DUFEK , MICHAEL ASR

VP

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date