

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167473

Entity Name: HOMESTEADMED, PA

Current Principal Place of Business:

2640 FAIRWAYS DR.
HOMESTEAD, FL 33035

Current Mailing Address:

2640 FAIRWAYS DR.
HOMESTEAD, FL 33035 US

FEI Number: 20-4007956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNN, SANDRA TESQ.
830 N. KROME AVENUE
HOMESTEAD, FL 33030 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 P, S

Name FISH, JAMES ADR.

Address 2640 FAIRWAYS DRIVE

City-State-Zip: HOMESTEAD FL 33035

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: JAMES FISH

PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date