

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000037803

**Entity Name:** FLEXMED CORP.

**Current Principal Place of Business:**

5900 NW 99 AVENIDA UNIT 3  
UNIT 3  
DORAL, FL 33178

**Current Mailing Address:**

5900 NW 99 AVE UNIT 3  
DORAL, FL 33178 US

**FEI Number:** 20-4660854

**Certificate of Status Desired:** No

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

BRAZ, JOSE EDUARDO  
5900 NW 99 AVE UNIT 3  
UNIT 3  
DORAL, FL 33178 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	PSTD	Title	VP
Name	BRAZ, JOSE EDUARDO	Name	BRAZ, JOSE EDUARDO
Address	5900 NW 99 AVE UNIT 3	Address	5900 NW 99 AVE UNIT 3
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** JOSE EDUARDO BRAZ

**PRESIDENT**

**04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date