

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000073579

**Entity Name:** APONTE'S MEDICAL INC.

**Current Principal Place of Business:**

7000 SW 62ND AVENUE.  
300  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

PO BOX 941598  
MIAMI, FL 33194

**FEI Number:** 20-4963890

**Certificate of Status Desired:** No

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

APONTE, RAIZA  
14231 SW 18TH ST.  
MIAMI, FL 33175 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	Title	VP
Name	APONTE, JOSE N	Name	RAIZA, APONTE E
Address	14231 SW 18TH ST.	Address	14231 SW 18TH ST.
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

*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 N APONTE

**PRESIDENT**

**03/18/2013**

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

\_\_\_\_\_  
Date