

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060873

**Entity Name:** ADMECO MEDICAL, INC.

**Current Principal Place of Business:**

1074 6TH AVE N  
NAPLES, FL 34102

**Current Mailing Address:**

1074 6TH AVE N  
NAPLES, FL 34102 US

**FEI Number:** 51-0636329

**Certificate of Status Desired:** Yes

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

JENNINGS, SHELLEY RENEE  
1074 6TH AVE N  
NAPLES, FL 34102 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:** SHELLEY JENNINGS

03/18/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MEYER, STEPHANIE L  
Address 1074 6TH AVE N  
City-State-Zip: NAPLES FL 34102

Title VP  
Name ABU-KHADIER, AHMED KHALD  
Address 1074 6TH AVE N  
City-State-Zip: NAPLES FL 34102

*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:** AHMED ABU-KHADIER

VP

03/18/2025

Electronic Signature of Signing Officer/Director Detail

Date