

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000060873

Entity Name: ADMECO MEDICAL, INC.

Current Principal Place of Business:

4406 EXCHANGE AVE.
SUITE 115
NAPLES, FL 34104

Current Mailing Address:

4406 EXCHANGE AVENUE
SUITE 115
NAPLES, FL 34104 US

FEI Number: 51-0636329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, MONICA
4406 EXCHANGE AVENUE
SUITE 115
NAPLES, FL 34104 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: MONICA LOPEZ

11/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name LOPEZ, MONICA
Address 4406 EXCHANGE AVENUE
 SUITE 115
City-State-Zip: NAPLES FL 34104

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: MONICA LOPEZ

PRESIDENT

11/13/2017

Electronic Signature of Signing Officer/Director Detail

Date