

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000026934

Entity Name: HOSMED DISTRIBUTORS, INC.

Current Principal Place of Business:

2200 N COMMERCE PKWY
STE 200
WESTON, FL 33326

Current Mailing Address:

2200 N COMMERCE PKWY
STE 200
WESTON, FL 33326 US

FEI Number: 26-4550158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVAS FINANCIAL SERVICES, LLC
5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328 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: MARIO SILVA

01/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DI TURI, ANNA MARIA
Address 2200 N COMMERCE PKWY
STE 200
City-State-Zip: WESTON FL 33326

Title VP
Name DE PAOLA, GUSTAVO
Address 2200 N COMMERCE PKWY
STE 200
City-State-Zip: WESTON FL 33326

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: ANNA MARIA DI TURI

P

01/26/2019

Electronic Signature of Signing Officer/Director Detail

Date