

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000026934

**Entity Name:** HOSMED DISTRIBUTORS, INC.

**Current Principal Place of Business:**

10800 NW 21 ST  
SUITE 110  
MIAMI, FL 33172

**Current Mailing Address:**

10800 NW 21 ST  
SUITE 110  
MIAMI, FL 33172

**FEI Number:** 26-4550158

**Certificate of Status Desired:** Yes

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

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES, FL 33134 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  
Name DE PAOLA, HUMBERTO  
Address 15663 SW 16 CT  
City-State-Zip: PEMBROKE PINES FL 33027

Title DIRECTOR  
Name DE PAOLA, CAYETANO  
Address 10800 NW 21 ST  
SUITE 110  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name BARROETA, ANGELA  
Address 10800 NW 21 ST  
SUITE 110  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name DE PAOLA, GUSTAVO  
Address 10800 NW 21 ST  
SUITE 110  
City-State-Zip: MIAMI FL 33172

*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:** HUMBERTO DE PAOLA

**PRESIDENT**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date