

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000026934

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

**Current Principal Place of Business:**

8341 NW 66 ST  
MIAMI, FL 33166

**Current Mailing Address:**

8341 NW 66 ST  
MIAMI, FL 33166 US

**FEI Number:** 26-4550158

**Certificate of Status Desired:** No

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

SILVAS FINANCIAL SERVICES LLC  
5220 S. UNIVERSITY DRIVE  
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

04/11/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	MGR	Title	P
Name	ARRIECHE, LORENA	Name	DI TURI, ANNA MARIA
Address	8341 NW 66 ST	Address	8341 NW 66 ST
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

*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

04/11/2015

Electronic Signature of Signing Officer/Director Detail

Date