## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000026934

**Entity Name: HOSMED INC** 

**Current Principal Place of Business:** 

HOSMED INC HEADQUARTERS 3403 NW 82ND AVENUE SUITE 102

DORAL, FL 33122

## **Current Mailing Address:**

HOSMED INC MIRAMAR FL BRANCH 3350 SW 148TH AVENUE SUITE 110 MIRAMAR, FL 33027 US

FEI Number: 26-4550158 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

LOPEZ-DONA, FERNANDO 3403 NW 82ND AVENUE SUITE 102 DORAL, FL 33122 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: FERNANDO LOPEZ-DONA 04/16/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT** 

Name LOPEZ-DONA, FERNANDO Name JIMENEZ, SEGUNDO S

HOSMED INC. HEADQUARTERS HOSMED INC. HEADQUARTERS Address Address

3403 NW 82ND AVENUE SUITE 102 3403 NW 82ND AVENUE SUITE 102

City-State-Zip: DORAL FL 33122 City-State-Zip: DORAL FL 33122

Title VΡ

Name DE PAOLA, HUMBERTO J

HOSMED INC. HEADQUARTERS Address

3403 NW 82ND AVENUE SUITE 102

City-State-Zip: DORAL FL 33122

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.

Electronic Signature of Signing Officer/Director Detail

**FILED** Apr 16, 2024

**Secretary of State** 

6295401285CC