

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055250

**Entity Name:** BIOMEDIC SERVICES INC

**Current Principal Place of Business:**

5310 SW 5 STREET  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 351147  
MIAMI, FL 33135 US

**FEI Number:** 27-2962684

**Certificate of Status Desired:** No

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

GARCIA, ROBERTO  
5310 SW 5 STREET  
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 PSTD  
Name GARCIA, ROBERTO  
Address 5310 SW 5 STREET  
City-State-Zip: CORAL GABLES FL 33134

*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:** GARCIA, ROBERTO

**PRESIDENT**

**01/12/2023**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date