**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2015**
**Secretary of State**
**CC9753662997**

DOCUMENT# P11000035148

**Entity Name:** CLIN MED ENTERPRISES, INC

**Current Principal Place of Business:**

10244 CYPRESS LAKES PRESERVE DR
LAKE WORTH, FL 33449

**Current Mailing Address:**

10244 CYPRESS LAKES PRESERVE DR
LAKE WORTH, FL 33449

**FEI Number: 45-1697392**

**Certificate of Status Desired:** No

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

GODDEN, CHARMAINE
10244 CYPRESS LAKES PRESERVE DR
LAKE WORTH, FL 33449 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 | P | Title | VPD |
| Name | GODDEN, CHARMAINE | Name | NORIEGA, KIMIAM V. F |
| Address | 10244 CYPRESS LAKES PRESERVE DR | Address | 10244 CYPRESS LAKE PRESERVE DR |
| City-State-Zip: | LAKE WORTH FL 33449 | City-State-Zip: | LAKE WORTH FL 33449 |

*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: CHARMAINE GODDEN PRESIDENT 04/30/2015

Electronic Signature of Signing Officer/Director Detail — Date