

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000043853

**Entity Name:** PHARMAMED GLOBAL DISTRIBUTORS INC.

**Current Principal Place of Business:**

4970 SW 52 STREET SUITE 313  
DAVIE, FL 33314

**Current Mailing Address:**

4970 SW 52 STREET SUITE 313  
DAVIE, FL 33314 US

**FEI Number:** 37-1636730

**Certificate of Status Desired:** No

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

LOPERA, JULIAN A  
600 PARKVIEW DR  
219  
HALLANDALE, FL 33009 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  
Name LOPERA, JULIAN A  
Address 600 PARKVIEW DR  
City-State-Zip: 219 FL 33009

*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:** JULIAN A LOPERA

P

04/28/2014

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

\_\_\_\_\_  
Date