

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000065118

**Entity Name:** CADMED, INC

**Current Principal Place of Business:**

14080 SW 139 CT  
MIAMI, FL 33186

**Current Mailing Address:**

14080 SW 139 CT  
MIAMI, FL 33186 US

**FEI Number:** 45-3555388

**Certificate of Status Desired:** No

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

D'ADESKY, CLIVE L  
14080 SW 139 CT  
MIAMI, FL 33186 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            PRESIDENT  
Name            D'ADESKY, CLIVE L  
Address        14080 SW 139 CT  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            DADESKY, APRIL  
Address        14080 SW 139 CT  
City-State-Zip: MIAMI FL 33186

Title            EXECUTIVE SECRETARY  
Name            SHANE, TERESITA  
Address        14080 SW 139 CT  
City-State-Zip: MIAMI FL 33186

*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:** APRIL DADESKY

VP

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date