

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000008842

**Entity Name:** NEXUS MEDICAL, INC.

**Current Principal Place of Business:**

8843 LARWIN LANE  
ORLANDO, FL 32817

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC0329253622**

**Current Mailing Address:**

8843 LARWIN LANE  
ORLANDO, FL 32817

**FEI Number: 45-4366194**

**Certificate of Status Desired: No**

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

HUANG, CHENG-HAO  
8843 LARWIN LANE  
ORLANDO, FL 32817 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 D  
Name HUANG, CHENG-HAO  
Address 8843 LARWIN LANE  
City-State-Zip: ORLANDO FL 32817

Title D  
Name TSENG, CHENG-SUN  
Address 8843 LARWIN LANE  
City-State-Zip: ORLANDO FL 32817

Title D  
Name HUANG, KUANG-WEI  
Address 8843 LARWIN LANE  
City-State-Zip: ORLANDO FL 32817

Title D  
Name CAUMON, JEAN PAUL  
Address 8843 LARWIN LANE  
City-State-Zip: ORLANDO FL 32817

Title D  
Name GER, GIANN NAN  
Address 8843 LARWIN LANE  
City-State-Zip: ORLANDO FL 32817

*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: KUANG-WEI HUANG**

**DIRECTOR**

**04/18/2014**

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

\_\_\_\_\_  
Date