

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000020024

Entity Name: CHILLER MEDIC INC

Current Principal Place of Business:

5065 SCAFF ROAD
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

5065 SCAFF ROAD
SAINT AUGUSTINE, FL 32092

FEI Number: 45-5306097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, SUITE E4
WEST PALM BEACH, FL 33411 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 DP
Name LAMPP, DAVID
Address 5065 SCAFF ROAD
City-State-Zip: SAINT AUGUSTINE FL 32092

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: DAVID LAMPP

DP

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date