**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2025**
**Secretary of State**
**2714333745CC**

DOCUMENT# P13000004859

**Entity Name:** FLORIDA-MED NETWORK CORP

**Current Principal Place of Business:**

10392 SW 62ND TERRACE ROAD
OCALA, FL 34476

**Current Mailing Address:**

P.O. BOX 772821
OCALA, FL 34477 US

**FEI Number: 80-0892071**

**Certificate of Status Desired:** No

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

BARRETT, KEVIN
10392 SW 62ND TERRACE ROAD
OCALA, FL 34476 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 | CEO, PRESIDENT, FOUNDER | Title | D, CO-FOUNDER |
| Name | BARRETT, KEVIN | Name | BARRETT, DORINE |
| Address | 10392 SW 62ND TERRACE ROAD | Address | 10392 SW 62ND TERRACE ROAD |
| City-State-Zip: | OCALA FL 34476 | City-State-Zip: | OCALA FL 34476 |

*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: KEVIN BARRETT CEO, PRESIDENT 04/29/2025

Electronic Signature of Signing Officer/Director Detail — Date