

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000004859

Entity Name: FLORIDA-MED NETWORK CORP

Current Principal Place of Business:

5001 SW 20TH STREET, #811
OCALA, FL 34474

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
5001 SW 20TH STREET
811
OCALA, FL 34474 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

Name BARRETT, KEVIN

Address 5001 SW 20TH STREET
811

City-State-Zip: Ocala FL 34474

Title D, CO-FOUNDER

Name BARRETT, DORINE

Address 5001 SW 20TH STREET
811

City-State-Zip: Ocala FL 34474

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,
FOUNDER

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date