

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000052894

**Entity Name:** EDMED INC

**Current Principal Place of Business:**

450 STATE ROAD 13 NORTH  
STE 106, PMB 378  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

450 STATE ROAD 13 NORTH  
STE 106, PMB 378  
SAINT JOHNS, FL 32259

**FEI Number:** 83-0898247

**Certificate of Status Desired:** No

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

MARRERO, ALEXIS  
18489 N US HWY 41  
#1289  
LUTZ, FL 33548 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            P  
Name            DESCALLAR, EDWARD A DR.  
Address        450 STATE ROAD 13 NORTH, STE 106,  
                  PMB 378  
City-State-Zip: SAINT JOHNS FL 32259

Title            VP  
Name            DESCALLAR, CASSIDY C  
Address        450 STATE ROAD 13 NORTH, STE 106,  
                  PMB 378  
City-State-Zip: SAINT JONHS FL 32259

*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:** EDWARD DESCALLAR

**PRESIDENT**

**04/22/2021**

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

\_\_\_\_\_  
Date