

2019 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
8710 W HILLSBOROUGH AVENUE 133
TAMPA, FL 33615 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	Title	VP
Name	DESCALLAR, EDWARD A DR.	Name	DESCALLAR, CASSIDY C
Address	450 STATE ROAD 13 NORTH, STE 106, PMB 378	Address	450 STATE ROAD 13 NORTH, STE 106, PMB 378
City-State-Zip:	SAINT JOHNS FL 32259	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

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date