

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000018623

**Entity Name:** HILL-MED CORP.

**Current Principal Place of Business:**

7215 NW 46TH ST  
MIAMI, FL 33166

**Current Mailing Address:**

7215 NW 46TH ST  
MIAMI, FL 33166

**FEI Number:** 65-0406209

**Certificate of Status Desired:** No

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

ACKERMAN, ERNESTO  
7215 N.W. 46 STREET  
MIAMI, FL 33166 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	VPS
Name	ACKERMAN, ERNESTO	Name	ACKERMAN, GISELA DE
Address	7215 NW 46TH ST.	Address	7215 NW 46TH ST.
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL

*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:** ERNESTO ACKERMAN

**PRESIDENT**

**02/19/2018**

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

\_\_\_\_\_  
Date