

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000059803

**Entity Name:** INTERNATIONAL BIOMEDICAL, INC.

**Current Principal Place of Business:**

601 NORTH CONGRESS AVE.  
SUITE 408  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

PO BOX 7655  
DELRAY BEACH, FL 33484

**FEI Number:** 65-0739054

**Certificate of Status Desired:** No

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

CONE, WILLIAM JJR  
514 SE 7 STREET  
FT LAUDERDALE, FL 33301 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	PD	Title	STD
Name	OKO, NNACHI L	Name	OKO, CHRISTINA C
Address	601 N CONGRESS AVE STE 408	Address	601 N CONGRESS AVE STE 408
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445

*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:** CHRISTINA OKO

STD

04/21/2016

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

\_\_\_\_\_  
Date