

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000025470

**Entity Name:** KELMEDIX, INC.

**Current Principal Place of Business:**

6205 DELTONA BLVD  
SPRING HILL, FL 34606

**Current Mailing Address:**

6205 DELTONA BLVD  
SPRING HILL, FL 34606

**FEI Number:** 59-3566036

**Certificate of Status Desired:** Yes

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

HOGAN, THOMAS S  
20 S. BROAD STREET  
BROOKSVILLE, FL 34601 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 D  
Name SWANSTON, SHARON  
Address 4344 RACHEL BLVD  
City-State-Zip: SPRING HILL FL 34607

Title P  
Name SWANSTON, DARRELL  
Address 4344 RACHEL BLVD  
City-State-Zip: SPRING HILL FL 34607

Title VP  
Name SWANSTON, KYLE D  
Address 6205 DELTONA BLVD  
City-State-Zip: SPRING HILL FL 34606

*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:** SHARON SWANSTON

**DIRECTOR**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date