

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49577

Entity Name: DADE MEDICAL., INC.**Current Principal Place of Business:**3700 COMMERCE PARKWAY
MIRAMAR, FL 33025**Current Mailing Address:**3700 COMMERCE PARKWAY
MIRAMAR, FL 33025 US**FEI Number:** 65-0346693**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALVERDE, RENE J
3700 COMMERCE PARKWAY
MIRAMAR, FL 33025 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	VALVERDE, RENE J
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

Title	CEO
Name	PEREDA, JORGE A
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

Title	CFO
Name	PINO, PAUL
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

Title	C
Name	RODRIGUEZ, RAUL
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

Title	COO
Name	MENDEZ, LINDA
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

Title	VP
Name	JOBLOVE, KAREN
Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025

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: PAUL PINO**CFO****04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date