

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V71536

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

**Current Principal Place of Business:**

539 PASADENA AVE SOUTH  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

539 PASADENA AVE SOUTH  
ST. PETERSBURG, FL 33707 US

**FEI Number:** 59-3149364

**Certificate of Status Desired:** Yes

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

MIXNER, DAVID  
539 PASADENA AVE SOUTH  
ST. PETERSBURG, FL 33707 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            DPTS  
Name            MIXNER, DAVID  
Address        539 PASADENA AVE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33707

*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:** DAVID MIXNER

**PRESIDENT**

**04/10/2015**

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

\_\_\_\_\_ Date