

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000743

**Entity Name:** ACUMED MEDICAL LTD.

**Current Principal Place of Business:**

3679 LAKESHORE BLVD W  
TORONTO, ON M8W1P7

**Current Mailing Address:**

216 BARACOA CT  
ST AUGUSTINE, FL 32086-7304 US

**FEI Number:** 30-0832014

**Certificate of Status Desired:** No

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

HOCKING, BRUCE  
216 BARACOA CT  
ST AUGUSTINE, FL 32086-7304 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            PCD  
Name            HOCKING, BRUCE  
Address        3679 LAKESHORE BLVD. W.  
City-State-Zip: TORONTO   M8W 1-P7

*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:** BRUCE HOCKING

**PRESIDENT**

**02/13/2017**

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

\_\_\_\_\_  
Date