

2015 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:

6653 POWERS AVENUE
SUITE 134
JACKSONVILLE, FL 32217

FEI Number: 98-0211134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOCKING, BRUCE
6653 POWERS AVENUE
SUITE 134
JACKSONVILLE, FL 32217 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

PCD

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date