

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002545

**Entity Name:** HEALTH MED, INC.

**Current Principal Place of Business:**

11767 S. DIXIE HWY. STE. 488  
PINECREST, FL 33156

**Current Mailing Address:**

11767 S. DIXIE HWY. STE. 488  
PINECREST, FL 33156 US

**FEI Number: 85-1300193**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST STE 4  
TALLAHASSEE, FL 32301 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 GREENBERG, DAVID  
Address 11767 S. DIXIE HWY. STE. 488  
City-State-Zip: PINECREST FL 33156

Title CEO  
Name LAUSTED, CHARLES  
Address 11767 S. DIXIE HWY. STE. 488  
City-State-Zip: PINECREST FL 33156

*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 GREENBERG**

**PRESIDENT**

**04/26/2023**

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

\_\_\_\_\_  
Date