

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004398

Entity Name: OBMEDICAL COMPANY

Current Principal Place of Business:

107 SW 140TH TERRACE SUITE 1
NEWBERRY, FL 32669

Current Mailing Address:

107 SW 140TH TERRACE SUITE 1
NEWBERRY, FL 32669

FEI Number: 46-0537828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EULIANO, NEIL PHD
107 SW 140TH TERRACE SUITE 1
NEWBERRY, FL 32669 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 CS
Name EULIANO, NEIL RPH.D.
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR
Name GAINES, WEAVER H
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

Title D
Name STAGNARO, THOMAS
Address 2807 WHITEHOUSE ROAD
City-State-Zip: RIVA MD 21140

Title VP
Name RAMSEY, KIMBERLY A
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR
Name STUBBS, JAMES B PHD
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR
Name DRESDEN, SCOTT MD
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

Title CEO, PRESIDENT
Name SAMUELS, MARK A
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

Title CFO
Name BAUMBAUCH, FRED
Address 107 SW 140TH TERRACE SUITE 1
City-State-Zip: NEWBERRY FL 32669

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: KIMBERLY A. RAMSEY

VP FINANCE

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date