

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004398

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC1022270119**

**Entity Name:** OBMEDICAL COMPANY

**Current Principal Place of Business:**

107 SW 140TH TERRACE SUITE 1  
NEWBERRY, FL 32669

**Current Mailing Address:**

3050 BUSINESS PARK DRIVE  
SUITE C  
NORCROSS, GA 30071 US

**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 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

02/28/2018

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

\_\_\_\_\_  
Date