

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000302

Entity Name: RXMEDIC SYSTEMS, INC.**Current Principal Place of Business:**2701 LEIGHTON RIDGE DRIVE
WAKE FOREST, NC 27587**Current Mailing Address:**2701 LEIGHTON RIDGE DRIVE
WAKE FOREST, NC 27587 US**FEI Number:** 06-1730877**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	RYAN, PHILIP J. III
Address	2701 LEIGHTON RIDGE DRIVE
City-State-Zip:	WAKE FOREST NC 27587

Title	PRESIDENT
Name	TURFE, ALEXANDER ALAN
Address	2701 LEIGHTON RIDGE DRIVE
City-State-Zip:	WAKE FOREST NC 27587

Title	DIRECTOR
Name	TURFE, ALEXANDER ALAN
Address	2701 LEIGHTON RIDGE DRIVE
City-State-Zip:	WAKE FOREST NC 27587

Title	SECRETARY
Name	RYAN, PHILIP J. III
Address	2701 LEIGHTON RIDGE DRIVE
City-State-Zip:	WAKE FOREST NC 27587

Title	TREASURER
Name	RYAN, PHILIP J. III
Address	2701 LEIGHTON RIDGE DRIVE
City-State-Zip:	WAKE FOREST NC 27587

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: PHILIP J. RYAN III**TREASURER****04/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date