

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000302

**Entity Name:** RXMEDIC SYSTEMS, INC.**Current Principal Place of Business:**203 CAPCOM AVENUE, UNIT 204  
WAKE FOREST, NC 27587**Current Mailing Address:**101 W. ST. JOHN STREET, SUITE305  
SPARTANBURG, SC 29306 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	PRESIDENT, DIRECTOR
Name	FACTOR, SAUL D.
Address	203 CAPCOM AVENUE, UNIT 204
City-State-Zip:	WAKE FOREST NC 27587

Title	SECRETARY, DIRECTOR
Name	BARRETT, ROBERT M.
Address	203 CAPCOM AVENUE, UNIT 204
City-State-Zip:	WAKE FOREST NC 27587

Title	TREASURER
Name	WALTZ, KYLE P.
Address	203 CAPCOM AVENUE, UNIT 204
City-State-Zip:	WAKE FOREST NC 27587

Title	VP
Name	WILLIAMS, DAVID M.
Address	203 CAPCOM AVENUE, UNIT 204
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:** KYLE P. WALTZ**TREASURER****05/31/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date