

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000054437

**Entity Name:** O2M NEBMED INC

**Current Principal Place of Business:**

2525 N DIXIE HWY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

2525 N DIXIE HWY  
LAKE WORTH, FL 33460

**FEI Number:** 14-1883811

**Certificate of Status Desired:** No

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

GARCIA, MINERVA  
15361 78TH PLACE N  
LOXAHATCHEE, FL 33470 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 PD  
Name GARCIA, MINERVA  
Address 15361 78TH PLACE NORTH  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** MINERVA GARCIA

**PRESIDENT**

**03/02/2023**

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

\_\_\_\_\_  
Date