

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L38997

**Entity Name:** MD UNION CORP.

**Current Principal Place of Business:**

185 NW SPANISH RIVER BLVD.  
SUITE 220  
BOCA RATON, FL 33431

**Current Mailing Address:**

8 ISLA BAHIA TER  
FT LAUDERDALE, FL 33316

**FEI Number:** 65-0164818

**Certificate of Status Desired:** No

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

HCRM CORP.  
185 NW SPANISH RIVER BLVD.  
SUITE 220  
FT LAUDERDALE, FL 33316 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            P  
Name            ELICE, MALDONADO  
Address        8 ISLA BAHIA TER  
City-State-Zip: FT LAUDERDALE FL 33316

Title            VP  
Name            MALDONADO, SAMUEL  
Address        8 ISLA BAHIA TER  
City-State-Zip: FT LAUDERDALE FL 33316

*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:** ELICE MALDONADO

P

04/25/2017

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

\_\_\_\_\_  
Date