

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000093709

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC0638356575**

**Entity Name:** SCITECH MEDICAL CORPORATION

**Current Principal Place of Business:**

2400 NW 93RD AVENUE  
SUITE 1  
DORAL, FL 33172

**Current Mailing Address:**

2400 NW 93RD AVENUE  
SUITE 1  
DORAL, FL 33172 US

**FEI Number:** 65-1140143

**Certificate of Status Desired:** No

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

MOREIRA, ALEXANDER M  
2400 NW 93RD AVENUE  
SUITE 1  
DORAL, FL 33172 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 MOREIRA, ALEXANDER M  
Address 2400 NW 93RD AVENUE  
SUITE 1  
City-State-Zip: DORAL FL 33172

Title VD  
Name DA CUNHA NETO, MELCHIADES  
Address 2400 NW 93RD AVENUE  
SUITE 1  
City-State-Zip: DORAL FL 33172

Title MANAGER  
Name GALDINO, DIEGO ARANTES  
Address 2400 NW 93RD AVENUE  
SUITE 1  
City-State-Zip: DORAL FL 33172

*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:** ALEXANDER MOREIRA

**DIRECTOR**

**01/06/2017**

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

\_\_\_\_\_  
Date