

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000017688

**Entity Name:** MEDICAL SOLUTIONS USA INC.

**Current Principal Place of Business:**

11891 SW 80 TERRACE  
MIAMI, FL 33183

**Current Mailing Address:**

11891 SW 80 TERRACE  
MIAMI, FL 33183

**FEI Number: 27-1989589**

**Certificate of Status Desired: No**

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

VALEZAR & ASSOCIATES INC.  
12485 SW 137TH AVE.  
104  
MIAMI, FL 33186 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	Title	VP
Name	REY, ARMANDO	Name	COSTANTINO, ROSARIO
Address	11891 SW 80 TERRACE	Address	17121 COLLINS AVENUE APT. 803
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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: ARMANDO REY**

**PRESIDENT**

**02/05/2013**

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

\_\_\_\_\_  
Date