

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000052154

**Entity Name:** MEDCOST MANAGEMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

1915 BRICKELL AVE  
C1203  
MIAMI, FL 33129

**Current Mailing Address:**

1915 BRICKELL AVE  
C1203  
MIAMI, FL 33129 US

**FEI Number:** 45-2443091

**Certificate of Status Desired:** No

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

GARCIA, YSEL  
1915 BRICKELL AVE  
C1203  
MIAMI, FL 33129 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            GARCIA, YSEL  
Address        1915 BRICKELL AVE C1203  
City-State-Zip: MIAMI FL 33129

Title            S  
Name            GARCIA, YSEL  
Address        1915 BRICKELL AVE C1203  
City-State-Zip: MIAMI FL 33129

*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:** YSEL GARCIA

**PRESIDENT**

**01/22/2016**

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

\_\_\_\_\_  
Date