# 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: LAURA ARIAS

Electronic Signature of Signing Officer/Director Detail

CEO

03/17/2023 Date

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000096027

Entity Name: MEDICINE BY DESIGN INC.

#### Current Principal Place of Business:

140 NE 84TH STREET UNIT 381804 MIAMI, FL 33138

#### **Current Mailing Address:**

140 NE 84TH STREET UNIT 381804 MIAMI, FL 33138 US

## FEI Number: 45-4013809

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

ARIAS, LAURA J 140 NE 84TH STREET UNIT 381804 MIAMI, FL 33138 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	LAURA ARIAS		03/17/2023
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	CEO, PRESIDENT	Title	CHIEF OPERATING OFFICER (COO)
Name	ARIAS, LAURA JEAN	Name	ARIAS, CARSON ASHLEY
Address	140 NE 84TH STREET UNIT 381804	Address	140 NE 84TH STREET UNIT 381804
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33138

## FILED Mar 17, 2023 Secretary of State 5065038698CC

Certificate of Status Desired: Yes