

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000071459

Entity Name: CLINIMED USA CORP

Current Principal Place of Business:

1835 NE MIAMI GARDENS DR.
387
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1835 NE MIAMI GARDENS DR.
387
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 46-0818888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WXC CORPORATION
8300 NW 53RD STREET
SUITE 350
DORAL, FL 33166 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 PEREIRA, MIRTA S
Address 1835 NE MIAMI GARDENS DR # 350
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SD
Name BESON, ALEJANDRO
Address 1835 NE MIAMI GARDENS DR
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SD
Name MAUTONE, ROMINA
Address 1835 NE MIAMI GARDENS DR
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SD
Name MAUTONE, MATHIAS
Address 1835 NE MIAMI GARDENS DR
City-State-Zip: NORTH MIAMI BEACH FL 33179

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: MIRTA S PEREIRA

PRESIDENT

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date