

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000020428

**Entity Name:** MEDSIGHTS TECH CORP.

**Current Principal Place of Business:**

15310 AMBERLY DR. SUITE 250 OFF 39  
TAMPA, FL 33647

**Current Mailing Address:**

2344 WINSLOE DRIVE  
TRINITY, FL 34655 US

**FEI Number:** 46-5180073

**Certificate of Status Desired:** No

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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 DIRECTOR  
Name GONZALEZ, SEGUNDO JAIME  
Address 2344 WINSLOE DRIVE  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name MORALES, SOFIA  
Address 2344 WINSLOE DRIVE  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name BETANCOURT GARCIA, RAFAEL  
Address 2344 WINSLOE DRIVE  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name GONZALEZ, MONSTERRAT  
Address 2344 WINSLOE DRIVE  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name GONZALEZ DEL ROSARIO, SEGUNDO  
Address 2344 WINSLOE DRIVE  
City-State-Zip: TRINITY FL 34655

*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:** SOFIA MORALES

**DIRECTOR**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date