

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000061194

Entity Name: MED THERAPY SOLUTION INC

Current Principal Place of Business:

6517 SW 112 PL
MIAMI, FL 33173

Current Mailing Address:

6517 SW 112 PL
MIAMI, FL 33173 US

FEI Number: 82-3124110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALDES, NATACHA
6517 SW 112 PL
MIAMI, FL 33173 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	PRES	Title	VP
Name	ZAMORA, ELIZABETH	Name	VALDES, NATACHA
Address	6517 SW 112 PL	Address	6517 SW 112 PL
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

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: NATACHA VALDES

OWNER

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date