

**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  
Name            ZAMORA, ELIZABETH  
Address        6517 SW 112 PL  
City-State-Zip: MIAMI FL 33173

Title            VP  
Name            VALDES, NATACHA  
Address        6517 SW 112 PL  
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