

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000097954

**Entity Name:** JEDX MEDCARE USA INC.

**Current Principal Place of Business:**

10520 SW STEPHANIE WAY 206  
PORT SAINT LUCIE, FL 34987

**Current Mailing Address:**

10520 SW STEPHANIE WAY 206  
PORT SAINT LUCIE, FL 34987 US

**FEI Number:** 37-1997112

**Certificate of Status Desired:** Yes

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 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 NURMINEN, JARI H  
Address 10520 SW STEPHANIE WAY 206  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title CEOS  
Name MIKKONEN, JUHA K  
Address 10520 SW STEPHANIE WAY 206  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title D  
Name MIKKONEN, JUHA K  
Address 10520 SW STEPHANIE WAY 206  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title AUTHORIZED REPRESENTATIVE  
Name VOUTILA, REIJO JUKKA AUTHORIZED REPRESENTATIVE  
Address 10520 SW STEPHANIE WAY 206  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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:** NURMINEN JARI H

PD

03/21/2023

Electronic Signature of Signing Officer/Director Detail

Date