

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S38747

**Entity Name:** MEDCO FINANCIAL, INC.

**Current Principal Place of Business:**

8991 NW 188 ST.  
MIAMI, FL 33018

**Current Mailing Address:**

8991 NW 188 ST.  
MIAMI, FL 33018

**FEI Number: 65-0302518**

**Certificate of Status Desired: No**

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

MILLER, BRYAN W  
8991 NW 188 STREET  
MIAMI, FL 33018 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 P  
Name MILLER, BRYAN W  
Address 8991 NW 188TH STREET  
City-State-Zip: MIAMI FL 33018

Title D  
Name MILLER, GEORGINA  
Address 8991 NW 188TH STREET  
City-State-Zip: MIAMI FL 33018

Title D  
Name WISE, FRANK  
Address 445 E 25TH STREET  
City-State-Zip: HIALEAH FL 33013

*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: BRYAN MILLER**

P

03/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date