

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175377

**Entity Name:** MEDICONNECT HEALTH USA LLC**Current Principal Place of Business:**1042 NE 179 TER  
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1042 NE 179 TER  
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 47-3145829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRIDZON, DANIEL MGR  
3001 NE 185TH ST  
APT 101  
AVENTURA, FL 33180 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:** DANIEL FRIDZON

04/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SILBERMAN, DANIEL E	Name	SALOMON, SIMKINS S
Address	3600 YACHT CLUB DRIVE	Address	1042 NE 179TH TER
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	N MIAMI FL 33162
Title	MANAGER		
Name	DANIEL , FRIDZON		
Address	3001 NE 185TH ST APT 101		
City-State-Zip:	AVENTURA FL 33180		

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL SILBERMAN

MANAGER

04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date