

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000116943

**Entity Name:** MEDCORPE USA, LLC

**Current Principal Place of Business:**

18555 COLLINS AVE.  
UNIT 2003  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18555 COLLINS AVE.  
UNIT 2003  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TOBIN, MICHAEL S  
11900 BISCAYNE BOULEVARD  
SUITE 740  
MIAMI, FL 33181 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

**Authorized Person(s) Detail :**

Title MGR  
Name LIMA, ALEXSANDRE  
Address 18555 COLLINS AVE UNIT 2003  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** LIMA , ALEXSANDRE

MGR

04/18/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date