

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000325339

**Entity Name:** SAMA MEDIC USA, LLC

**Current Principal Place of Business:**

AVENIDA ROBLE 660  
TORRE MENTHA, PISO 4, PROYECTO ARBOLEDA  
SAN PEDRO GARZA GARCIA, NL 66265

**Current Mailing Address:**

AVENIDA ROBLE 660  
TORRE MENTHA, PISO 4, PROYECTO ARBOLEDA  
SAN PEDRO GARZA GARCIA, NL 66265 MX

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FLOOR  
TALLAHASSEE, FL 32301 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  | Title           | AMBR                                       |
| Name            | CRUZ VELAZQUEZ-DE-LEON,<br>ERNESTO         | Name            | SAMA MEDIC INVESTMENT, S.A. DE<br>C.V.     |
| Address         | AVENIDA ROBLE 660, TORRE<br>MENTHA, PISO 4 | Address         | AVENIDA ROBLE 660, TORRE<br>MENTHA, PISO 4 |
| City-State-Zip: | SAN PEDRO GARZA GARCIA NL<br>66265         | City-State-Zip: | SAN PEDRO GARZA GARCIA NL<br>66265         |

*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:** ERIK ROJAS

**ACCOUNTANT**

**03/04/2024**

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

\_\_\_\_\_  
Date