

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000411

**FILED  
Feb 15, 2019  
Secretary of State  
1491596694CC**

**Entity Name:** MEDEXPERT CONSULTING, INC.

**Current Principal Place of Business:**

870 N. MIRAMAR AVENUE  
SUITE 227  
INDIALANTIC, FL 32903

**Current Mailing Address:**

870 N. MIRAMAR AVENUE  
SUITE 227  
INDIALANTIC, FL 32903 US

**FEI Number:** 45-0968640

**Certificate of Status Desired:** No

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

GRAYSON, DENA  
870 N. MIRAMAR AVENUE  
SUITE 227  
INDIALANTIC, FL 32903 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:** DENA GRAYSON

02/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRAYSON, DENA DR.  
Address        870 N. MIRAMAR AVENUE  
                  SUITE 227  
City-State-Zip: INDIALANTIC FL 32903

Title            SECRETARY  
Name            GRAYSON, DENA DR.  
Address        870 N. MIRAMAR AVENUE  
                  SUITE 227  
City-State-Zip: INDIALANTIC FL 32903

Title            TREASURER  
Name            GRAYSON, DENA DR.  
Address        870 N. MIRAMAR AVENUE  
                  SUITE 227  
City-State-Zip: INDIALANTIC FL 32903

Title            DIRECTOR  
Name            GRAYSON, DENA DR.  
Address        870 N. MIRAMAR AVENUE  
                  SUITE 227  
City-State-Zip: INDIALANTIC FL 32903

*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:** DENA GRAYSON

**PRESIDENT**

02/15/2019

Electronic Signature of Signing Officer/Director Detail

Date