

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001716

**Entity Name:** MEDCART LTC, INC**Current Principal Place of Business:**32131 INDUSTRIAL RD  
LIVONIA, MI 48150**Current Mailing Address:**32131 INDUSTRIAL RD  
LIVONIA, MI 48150 US**FEI Number:** 27-2116817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	DIRECTOR
Name	ABUEIDA, IYYAD
Address	32131 INDUSTRIAL RD
City-State-Zip:	LIVONIA MI 48150

Title	TREASURER
Name	ABUEIDA, IYYAD
Address	32131 INDUSTRIAL RD
City-State-Zip:	LIVONIA MI 48150

Title	VP
Name	ABUEIDA, IYYAD
Address	32131 INDUSTRIAL RD
City-State-Zip:	LIVONIA MI 48150

Title	PRESIDENT
Name	SALEH, EMAD
Address	32131 INDUSTRIAL RD
City-State-Zip:	LIVONIA MI 48150

Title	SECRETARY
Name	SALEH, EMAD
Address	32131 INDUSTRIAL RD
City-State-Zip:	LIVONIA MI 48150

*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: EMAD SALEH****SECRETARY****03/17/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date