

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003645

**Entity Name:** MEDICAST INC.

**Current Principal Place of Business:**

3403 JAMONT BLVD.  
JOHNS CREEK, GA 30022

**Current Mailing Address:**

3403 JAMONT BLVD.  
JOHNS CREEK, GA 30022

**FEI Number:** 46-1880537

**Certificate of Status Desired:** Yes

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
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

**Officer/Director Detail :**

Title PD  
Name ZEBARJADI, SAMEEN  
Address 3403 JAMONT BLVD.  
City-State-Zip: JOHNS CREEK GA 30022

Title TD  
Name FERDOWSI, SAHBA  
Address 3403 JAMONT BLVD.  
City-State-Zip: JOHNS CREEK GA 30022

Title SD  
Name ZEBARJADI, NAFIS A  
Address 3403 JAMONT BLVD.  
City-State-Zip: JOHNS CREEK GA 30022

*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: SAMEEN ZEBARJADI**

**CHIEF EXECUTIVE  
OFFICER**

**01/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date