

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005799

**Entity Name:** VENOCARE, INC.

**Current Principal Place of Business:**

8750 NW 36TH STREET, SUITE 630  
DORAL, FL 33178

**Current Mailing Address:**

8750 NW 36TH STREET, SUITE 630  
DORAL, FL 33178 US

**FEI Number: 86-3597326**

**Certificate of Status Desired: Yes**

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

BELSON, AMIR  
8750 NW 36TH STREET, SUITE 630  
DORAL, FL 33178 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            CEO  
Name            BELSON, AMIR  
Address        8750 NW 36TH STREET, SUITE 630  
City-State-Zip: DORAL FL 33178

Title            COO  
Name            LEYTE-VIDAL, RAUL  
Address        8750 NW 36TH STREET, SUITE 630  
City-State-Zip: DORAL FL 33178

*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: RAUL LEYTE-VIDAL**

**COO**

**01/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date