

2023 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:** No**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	Title	VP
Name	BELSON, AMIR	Name	LEYTE-VIDAL, RAUL
Address	8750 NW 36TH STREET, SUITE 630	Address	8750 NW 36TH STREET, SUITE 630
City-State-Zip:	DORAL FL 33178	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

VICE-PRESIDENT

01/05/2023

Electronic Signature of Signing Officer/Director Detail_____
Date