

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000050439

Entity Name: MEDICONCONSULT USA, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1200 NE 7TH AVENUE  
SUITE 7  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 NE 7TH AVENUE  
SUITE 7  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

FEI Number: 46-0522649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUIDRY, LISA  
1200 NE 7TH AVENUE, SUITE 7  
FORT LAUDERDALE, FL 33304 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DIRE  
Name: JAKSCH, WOLFGANG  
Address: HUOBSTRASSE 5  
City-St-Zip: PFAEFFIKON, CH 8808 XX

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: LISA GUIDRY

CONT

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date