

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103479

Entity Name: TERRAMED MCR, INC.

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

1465 NW 97 AVE
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

1465 NW 97 AVE
DORAL, FL 33172

New Mailing Address:

FEI Number: 27-1937097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAL FARRA, JUDITH CPA
1465 NW 97 AVE
DORAL, FL 33172 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: P
Name: MOLINA, YAMILSE I
Address: CASA 15, URB. VILLAS DEL SUR
City-St-Zip: MARACAIBO, ZU 4001 VE

Title: VP
Name: CARRASQUEL, VANEZA C
Address: 701 THREE ISLANDS BLVD, APT. 103
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: D
Name: RAMIREZ, JANNETT L
Address: AV LAS PALMAS C EL RIO, C IND BOLEITA #02
City-St-Zip: CARACAS, DF 1071 VE

Title: D
Name: CRIBEIRO, ROSA M
Address: CASA 15, URB. VILLAS DEL SUR
City-St-Zip: MARACAIBO, ZU 4001 VE

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: YAMILSE I MOLINA

P

04/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date