

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523114

Entity Name: MEDIPHARMA, INC.**Current Principal Place of Business:**2001 SW 27TH AVENUE
MIAMI, FL 33145-2540**Current Mailing Address:**2001 SW 27TH AVENUE
MIAMI, FL 33145-2540 US**FEI Number:** 59-1712735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI, FL 33131-2623 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	SIBLESZ, CARLOS M
Address	2001 SW 27TH AVENUE
City-State-Zip:	MIAMI FL 33145-2540

Title	VPTD
Name	SIBLESZ, GEORGE L
Address	2001 SW 27 AVENUE
City-State-Zip:	MIAMI FL 33145-2540

Title	AS
Name	SIBLESZ, MARILYN E
Address	2001 SW 27 AVENUE
City-State-Zip:	MIAMI FL 33145-2540

Title	VPD
Name	SIBLESZ, MAGALI A
Address	2001 SW 27TH AVENUE
City-State-Zip:	MIAMI FL 33145-2540

Title	S
Name	SIBLESZ, ANA M
Address	15628 BELTAIRE LANE
City-State-Zip:	SAN DIEGO CA 92127-6101

Title	ASST. TREASURER
Name	SIBLESZ, GEORGE G
Address	2001 SW 27TH AVENUE
City-State-Zip:	MIAMI FL 33145-2540

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: CARLOS M. SIBLESZ**PRESIDENT****04/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date