2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103479

Entity Name: TERRAMED MCR, INC.

Current Principal Place of Business:

1465 NW 97 AVE DORAL, FL 33172

Current Mailing Address:

1465 NW 97 AVE DORAL, FL 33172

FEI Number: 27-1937097

Name and Address of Current Registered Agent:

DAL FARRA, JUDITH CPA 1465 NW 97 AVE DORAL, FL 33172 US

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | Р | Title | D |
|-----------------|------------------------------|--------------------------|--|
| Name | MOLINA, YAMILSE I | Name | RAMIREZ, JANNETT L |
| Address | CASA 15, URB. VILLAS DEL SUR | Address | AV LAS PALMAS C EL RIO, C IND BOLEITA #02 |
| City-State-Zip: | MARACAIBO ZU 4001 | City-State-Zip: | CARACAS DF 1071 |
| Title | D | Title Name Address | DIRECTOR |
| Name | CRIBEIRO, ROSA M | | GOMEZ. ALEXIS J |
| Address | CASA 15, URB. VILLAS DEL SUR | | AV LAS PALMAS C EL RIO C IND BOLEITA #02 |
| City-State-Zip: | MARACAIBO ZU 4001 | | |
| | | City-State-Zip: | CARACAS DF 1070 |

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

PRESIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail