

**2017 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**

**Certificate of Status Desired: No**

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

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

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

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

Title DIRECTOR  
Name GOMEZ, ALEXIS J  
Address AV LAS PALMAS C EL RIO  
C IND BOLEITA #02  
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**

**P**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date