

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000103247

Entity Name: POLARIS HEALTHCARE USA INC.

Current Principal Place of Business:

1400 N.W. 12 AVENUE APT. 4
MIAMI, FL 33136

Current Mailing Address:

1400 N.W. 12 AVENUE APT. 4
MIAMI, FL 33136

FEI Number: 27-4296742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURILLO, YVONNE
117 NE 1ST AVE. APT 1401
MIAMI, FL 33132 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 KERDEL, FRANCISCO A
Address 1400 N.W. 12 AVENUE APT. 4
City-State-Zip: MIAMI FL 33136

Title VP
Name MURILLO, YVONNE
Address 117 N.E. 1ST AVE. APT. 1401
City-State-Zip: MIAMI FL 33132

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: YVONNE MURILLO

VP

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date