

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000019936

Entity Name: MEDCLUB CARD, INC

Current Principal Place of Business:

4334 SW 141 AVE
DAVIE, FL 33330

Current Mailing Address:

4334 SW 141 AVE
DAVIE, FL 33330 US

FEI Number: 46-3954533

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAROCCA-SOTO, STACY
4334 SW 141 AVE
DAVIE, FL 33330 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 LAROCCA-SOTO, STACY
Address 4334 SW 141 AVE
City-State-Zip: DAVIE FL 33330

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: STACY LAROCCA-SOTO

P

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date