

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000098043

Entity Name: MCI-MEDICAL CONCEPT INNOVATION INC

Current Principal Place of Business:

4592 NORTH HIATUS ROAD
SUITE 4592
SUNRISE, FL 33351

Current Mailing Address:

4592 NORTH HIATUS ROAD
SUITE 4592
SUNRISE, FL 33351 US

FEI Number: 47-2481164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEVOEIRO DEMARCHI, JOSE A
4592 NORTH HIATUS ROAD
SUITE 4592
SUNRISE, FL 33351 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: JOSE A NEVOEIRO DEMARCHI

01/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NEVOEIRO DEMARCHI, JOSE A
Address 3953 OSPREY
City-State-Zip: WESTON FL 33331

Title VP
Name CARITA, PAULO E
Address AV 2 N1571 CASA 34
City-State-Zip: RIO CLARO SP 13503-240

Title TREASURER
Name CARITA, CESAR
Address AV 2 N1571 CASA 56
City-State-Zip: RIO CLARO SP 13503-240

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: NEVOEIRO DEMARCHI, JOSE A

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01/21/2025

Electronic Signature of Signing Officer/Director Detail

Date