

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000028321

**Entity Name:** MD INSURANCE USA CORP

**Current Principal Place of Business:**

4170 INVERRARY DR  
203  
LAUDERHILL, FL 33319-4508

**Current Mailing Address:**

4170 INVERRARY DR  
203  
LAUDERHILL, FL 33319-4508 US

**FEI Number:** 82-5074616

**Certificate of Status Desired:** Yes

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

SANCHEZ, DARLYN C  
4170 INVERRARY DR  
203  
LAUDERHILL, FL 33319-4508 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            PRESIDENT  
Name            SANCHEZ, DARLYN C  
Address        4170 INVERRARY DR  
                  203  
City-State-Zip: LAUDERHILL FL 33319-4508

Title            TREASURER  
Name            CHIRINOS, MAURICIO  
Address        4170 INVERRARY DR  
                  203  
City-State-Zip: LAUDERHILL FL 33319

*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:** SANCHEZ, DARLYN C

**PRESIDENT**

**04/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date