2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000005104

Entity Name: MEDICUS ECONOMICS, LLC

Current Principal Place of Business:

2 STONEHILL LANE MILTON, MA 02186

Current Mailing Address:

2 STONEHILL LANE MILTON, MA 02186 US

FEI Number: 46-1695611

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MEMBER	Title	MEMBER
Name	JOHNSON, SCOTT	Name	EPSTEIN, ANDREW
Address	2 STONEHILL LANE	Address	2 STONEHILL LANE
City-State-Zip:	MILTON MA 02186	City-State-Zip:	MILTON MA 02186
Title	MEMBER	Title	MEMBER
Name	DAVIS, MATTHEW	Name	CHERTAVIAN, ELIZABETH
Address	2 STONEHILL LANE	Address	2 STONEHILL LANE
City-State-Zip:	MILTON MA 02186	City-State-Zip:	MILTON MA 02186
Title	MEMBER	Title	MEMBER
Title Name	MEMBER BUESSING, MARRIC	Title Name	MEMBER O'CONNELL, THOMAS
Name	BUESSING, MARRIC 2 STONEHILL LANE	Name	O'CONNELL, THOMAS 2 STONEHILL LANE
Name Address	BUESSING, MARRIC 2 STONEHILL LANE	Name Address	O'CONNELL, THOMAS 2 STONEHILL LANE
Name Address City-State-Zip:	BUESSING, MARRIC 2 STONEHILL LANE MILTON MA 02186	Name Address City-State-Zip:	O'CONNELL, THOMAS 2 STONEHILL LANE MILTON MA 02186
Name Address City-State-Zip: Title	BUESSING, MARRIC 2 STONEHILL LANE MILTON MA 02186 MEMBER	Name Address City-State-Zip: Title	O'CONNELL, THOMAS 2 STONEHILL LANE MILTON MA 02186 MEMBER
Name Address City-State-Zip: Title Name Address	BUESSING, MARRIC 2 STONEHILL LANE MILTON MA 02186 MEMBER WANG, SI-TIEN	Name Address City-State-Zip: Title Name	O'CONNELL, THOMAS 2 STONEHILL LANE MILTON MA 02186 MEMBER JARVIS, JOHN 2 STONEHILL LANE

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT JOHNSON

MEMBER

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03/06/2025
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Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 06, 2025 Secretary of State 2429399708CC

Date

Certificate of Status Desired: No

Date