

**2022 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**Certificate of Status Desired:** No**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

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	AUTHORIZED MEMBER
Name	JOHNSON, SCOTT	Name	EPSTEIN, ANDREW
Address	2 STONEHILL LANE	Address	422 HIGHLAND RD
City-State-Zip:	MILTON MA 02186	City-State-Zip:	ITHACA NY 14850
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	DAVIS, MATTHEW	Name	BUESSING, MARRIC
Address	144 WALPOLE ST	Address	544 S CLARKSON ST
City-State-Zip:	DOVER MA 02030	City-State-Zip:	DENVER CO 80209
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	CHERTAVIAN, ELIZABETH	Name	OCONNELL, THOMAS
Address	118 CLEVELAND ST	Address	123 WEBSTER AVE, UNIT #1
City-State-Zip:	NORFOLK MA 02056	City-State-Zip:	CAMBRIDGE MA 02141
Title	AUTHORIZED MEMBER		
Name	WANG, SI-TIEN		
Address	254 COLUMBIA ST		
City-State-Zip:	CAMBRIDGE MA 02139		

*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

CEO

02/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date