

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003789

Entity Name: MEDTRADE INC.**Current Principal Place of Business:**2100 W. LOOP S.
SUITE 615
HOUSTON, TX 77027**Current Mailing Address:**2100 W. LOOP S.
SUITE 615
HOUSTON, TX 77027 US**FEI Number:** 76-0737320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, DIRECTOR
Name OZSEN, EMINE SEVING
Address RUZGARLIBAHCE MAH, KAVAK
 SOKAK NO 16 - KAT 5
City-State-Zip: BEYKOZ ISTANBUL 34805

Title SECRETARY
Name CIPLAK, EMRE
Address RUZGARLIBAHCE MAH KAVAK,
 SOKAK NO 16 - KAT 5
City-State-Zip: BEYKOZ ISTANBUL 34805

Title CHAIRMAN
Name ISERI, METIN TAYFUN
Address RUZGARLIBAHCE MAH KAVAK,
 SOKAK NO 16 - KAT 5
City-State-Zip: BEYKOZ ISTANBUL 34805

Title DIRECTOR
Name DALBALER, UGUR
Address RUZGARLIBAHCE MAH KAVAK,
 SOKAK NO 16 - KAT 5
City-State-Zip: BEYKOZ ISTANBUL 34805

Title FINANCE DIRECTOR
Name LEITSCH, MATTHIAS
Address 2100 W. LOOP S.
 SUITE 615
City-State-Zip: HOUSTON TX 77027

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: MATTHIAS LEITSCH**AUTHORIZED PERSON****02/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date