

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005523

**FILED**  
**May 18, 2020**  
**Secretary of State**  
**6150319443CC**

**Entity Name:** UNIVERSITY OF MEDICINE AND HEALTH SCIENCES LIMITED CORPORATION

**Current Principal Place of Business:**

CAMPS ISLAND MAIN ROAD  
ST KITTS,

**Current Mailing Address:**

P.O. BOX 1218  
BASSETERRE, ST KITTS KN

**FEI Number: 26-0905114**

**Certificate of Status Desired: Yes**

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

WEINER, MELANIE  
224 DATURA STREET, SUITE 1115  
WEST PALM BEACH, FL 33401 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 CP  
Name ROSS, WARREN  
Address 6 FLEET COURT  
City-State-Zip: NORTHPORT NY 11768

Title VP  
Name THORNTON, JERRY  
Address 401 N. WALNUT AVENUE  
City-State-Zip: EAGLE LAKE TX 77434

*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: WARREN ROSS

PRESIDENT

05/18/2020

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

\_\_\_\_\_  
Date