

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54306

**Entity Name:** STAT MEDICAL DEVICES, INC.

**Current Principal Place of Business:**

2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 65-0120737

**Certificate of Status Desired:** No

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

CHAMES, DEBORAH S  
2056 NE 153RD ST.  
NORTH MIAMI BEACH, FL 33162-6020 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	TPD	Title	TPD
Name	SCHRAGA, STEVEN	Name	SCHRAGA, STEVEN
Address	2056 NE 153RD ST.	Address	2056 NE 153RD ST.
City-State-Zip:	NORTH MIAMI BEACH FL 33162-6020	City-State-Zip:	NORTH MIAMI BEACH FL 33162-6020

*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:** STEVEN SCHRAGA

**PRESIDENT**

**03/04/2015**

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

\_\_\_\_\_  
Date