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

Electronic Signature of Signing Officer/Director Detail

# Entity Name: STAT MEDICAL DEVICES, INC.

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

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

DOCUMENT# K54306

#### **Current Mailing Address:**

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

### FEI Number: 65-0120737

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

Electronic Signature of 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:

#### **Officer/Director Detail :** TPD Title Title TPD SCHRAGA, STEVEN Name SCHRAGA, STEVEN Name 2056 NE 153RD ST. Address 2056 NE 153RD ST. Address

City-State-Zip: NORTH MIAMI BEACH FL 33162-6020

## FILED Jan 13, 2020 Secretary of State 1949058815CC

Date

Certificate of Status Desired: No

City-State-Zip: NORTH MIAMI BEACH FL 33162-6020

PRESIDENT

01/13/2020 Date