#### 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.

PRESIDENT

SIGNATURE: DENYSE TRONG

#### DOCUMENT# P02000096823 Entity Name: SUPERIAIRE OXYGEN & EQUIPMENT, INC.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

405 W OAK AVENUE PANAMA CITY, FL 32401-2737

### **Current Mailing Address:**

405 W OAK AVENUE PANAMA CITY. FL 32401-2737 US

#### FEI Number: 03-0490008

# Name and Address of Current Registered Agent:

TRONG, DENYSE M 200 LANNIE ROWE DRIVE PANAMA CITY, FL 32404 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.

### SIGNATURF

Name	TRONG, DENYSE M	Name	BOYER, SCOTT KYLE
Address	200 LANNIE ROWE DRIVE	Address	412 MOWAT SCHOOL ROAD
City-State-Zip:	PANAMA CITY FL 32404	City-State-Zip:	LYNN HAVEN FL 32444

SIGNATUR	E:			
	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	TRONG, DENYSE M	Name	BOYER, SCOTT KYLE	
Address	200 LANNIE ROWE DRIVE	Address	412 MOWAT SCHOOL ROAD	

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

02/14/2024

Date

Date