

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000154093

**Entity Name:** SANIBEL MEDICAL, INC.

**Current Principal Place of Business:**

2499 PALM RIDGE ROAD  
SANIBEL, FL 33957

**Current Mailing Address:**

1723 SEAFAN CIR  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 20-0504294

**Certificate of Status Desired:** No

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

KYLE, KEVIN A  
1520 ROYAL PALM SQUARE BOULEVARD, STE 320  
FORT MYERS, FL 33919 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 MR  
Name WRIGHT, GARY NMD  
Address 1723 SEAFAN CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title MRS  
Name WRIGHT, SUSAN IDMD  
Address 1723 SEAFAN CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** WRIGHT , GARY NMD

**OWNER**

**05/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date