### 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: ALLA AMINOV

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:**

**Current Principal Place of Business:** 

354 E DANIA BEACH BLVD DANIA. FL 33004

354 E DANIA BEACH BLVD DANIA. FL 33004

DOCUMENT# P04000085354

#### FEI Number: 20-1202640

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

AMINOV, ALLA 354 EAST DANIA BEACH BLVD DANIA, FL 33004 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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: DANIA MEDICAL EQUIPMENT & SUPPLIES INC.

#### **Officer/Director Detail :**

Title	P	Title	VP
Name	AMINOV, ALLA	Name	AMINOV, STEVE
Address	354 E. DANIA BCH BLVD.	Address	354 E DANIA BEACH BLVD
City-State-Zip:	DANIA FL 33004	City-State-Zip:	DANIA FL 33004

## FILED Mar 04, 2019 Secretary of State

Certificate of Status Desired: No

6603936536CC

Date

03/04/2019 Date