#### 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: GERMAN CALVO

DOCUMENT# P05000141028 Entity Name: SABRI MEDICAL SUPPLIES, INC

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

6635 W COMMERCIAL BLVD #10 TAMARAC, FL 33319

## **Current Mailing Address:**

6635 W COMMERCIAL BLVD #10 TAMARAC, FL 33319 US

### FEI Number: 20-3884975

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CALVO, GERMAN 6635 W COMMERCIAL BLVD #10 TAMARAC, FL 33319 US

#10

City-State-Zip: TAMARAC FL 33319

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:

	5 5 5		
Officer/Director Detail :			
Title	DP	Title	VP
Name	CALVO, GERMAN	Name	CALVO, GERMAN S VP
Address	6635 W COMMERCAIL BLVD	Address	6635 W COMMERCIAL BLVD

Electronic Signature of Signing Officer/Director Detail

#### FILED Apr 29, 2022 Secretary of State 1059446623CC

Certificate of Status Desired: No

City-State-Zip: TAMARAC FL 33319

PRESIDENT

04/29/2022

Date

Date