

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070507

Entity Name: RAV-E MEDICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

18929 CHAVILLE RD
LUTZ, FL 33558

Current Mailing Address:

18929 CHAVILLE RD
LUTZ, FL 33558 US

FEI Number: 26-3110424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMPTON, DAVID C
18929 CHAVILLE RD
LUTZ, FL 33558 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 P
Name HAMPTON, DAVID C
Address 18929 CHAVILLE RD
City-State-Zip: LUTZ FL 33558

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: DAVID C. HAMPTON

P

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date