

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085037

**Entity Name:** VENOUS TOURNIQUETS INC

**Current Principal Place of Business:**

5116 W LONGFELLOW AV  
TAMPA, FL 33629

**Current Mailing Address:**

5116 W LONGFELLOW AV  
TAMPA, FL 33629 US

**FEI Number:** 27-4825947

**Certificate of Status Desired:** No

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

EIKMAN, E A  
5116 W LONGFELLOW AV  
TAMPA, FL 33629 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:** /E.A. EIKMAN/

09/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	VP
Name	EIKMAN, ADAM D	Name	EIKMAN, EDWARD A DR.
Address	5116 LONGFELLOW AVE	Address	5116 W. LONGFELLOW AVENUE
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

*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:** EDWARD EIKMAN

VP

09/12/2020

Electronic Signature of Signing Officer/Director Detail

Date