

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000037561

**Entity Name:** ZEPHIR MEDICAL GROUP INC.

**Current Principal Place of Business:**

28899 SOUTH DIXIE HIGHWAY  
HOMESTEAD, FL 33033

**Current Mailing Address:**

31501 SW 193 AVE  
HOMESTEAD, FL 33030

**FEI Number:** 46-5533745

**Certificate of Status Desired:** No

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

ZEPHIR, JOHANNE A DR  
31501 SW 193 AVE  
HOMESTEAD, FL 33030 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 ZEPHIR, JOHANNE A DR  
Address 31501 SW 193 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title VP  
Name ZEPHIR, FRANCOIS C  
Address 31501 SW 193 AVE  
City-State-Zip: HOMESTEAD FL 33030

*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:** FRANCOIS C ZEPHIR

VP

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date