| 3571 S. ATLANTIC AVE<br>COCOA BEACH, FL 32931 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: MARK CARBONE                          |                 |                      | 05/08/2020 |
|  | Electronic Signature of Registered Agent |                 |                      | Date       |
| Officer/Director Detail :  |  |                 |                      |            |
| Title  | CEO                                      | Title           | DIRECTOR             |            |
| Name   | CARBONE, MARK                            | Name            | CARBONE, SUSAN       |            |
| Address  | 3571 S. ATLANTIC AVE                     | Address         | 3571 S. ATLANTIC AVE |            |
| City-State-Zip:  | COCOA BEACH FL 32931                     | City-State-Zip: | COCOA BEACH FL 32931 |            |
| Title  | DIRECTOR                                 |                 |                      |            |
| Name   | NICHOLSON, MARGUERITE K                  |                 |                      |            |
| Address  | 3571 S. ATLANTIC AVE                     |                 |                      |            |
| City-State-Zip:  | COCOA BEACH FL 32931                     |                 |                      |            |

3571 S. ATLANTIC AVE COCOA BEACH. FL 32931 US

DOCUMENT# P15000016827

3571 S. ATLANTIC AVE COCOA BEACH, FL 32931

Entity Name: PN MEDICAL, INC.

**Current Principal Place of Business:** 

## FEI Number: 35-2532115

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

CARBONE, MARK 3571 COCO

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.

DIRECTOR

SIGNATURE: SUSAN CARBONE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

05/08/2020 Date

Secretary of State

2470708737CC

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT