

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000028443

**Entity Name:** SINZIERI MEDICAL, INC

**Current Principal Place of Business:**

123 FORESTWOOD DR  
NAPLES, FL 34110

**Current Mailing Address:**

123 FORESTWOOD DR  
NAPLES, FL 34110 US

**FEI Number:** 47-3530876

**Certificate of Status Desired:** No

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

SINZIERI, ALYSE  
123 FORESTWOOD DR.  
NAPLES, FL 34110 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 SINZIERI, ALYSE  
Address 123 FORESTWOOD DR.  
City-State-Zip: NAPLES FL 34110

*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:** ALYSE SINZIERI

**PRES**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date