

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000082538

Entity Name: MEDICAL DEVICE TRAINING CORPORATION

Current Principal Place of Business:

500 AUSTRALIAN AVENUE SOUTH
600
WEST PALM BEACH, FL 33401

Current Mailing Address:

500 AUSTRALIAN AVENUE SOUTH
600
WEST PALM BEACH, FL 33401 US

FEI Number: 82-3094108

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 MACKENZIE, INDIRA
Address 500 AUSTRALIAN AVENUE SOUTH,
SUITE 600
City-State-Zip: WEST PALM BEACH FL 33401

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: INDIRA MACKENZIE

P

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date