

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000041765

Entity Name: PIEZOSURGERY INCORPORATED**Current Principal Place of Business:**850 MICHIGAN AVENUE
STE 200
COLUMBUS, OH 43215**Current Mailing Address:**850 MICHIGAN AVENUE
STE 200
COLUMBUS, OH 43215 US**FEI Number:** 26-1614513**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CFO, SECRETARY, TREASURER
Name	KAVANAGH, JOHN
Address	2426 BLOXOM STREET
City-State-Zip:	GROVE CITY OH 43123

Title	DIRECTOR
Name	LEMETTI, MASSIMO
Address	VIA LORETO, 15/A, CARASCO
City-State-Zip:	GENOVA 16042

Title	DIRECTOR
Name	BOCCHINI, RENATO
Address	VIA LORETO, 15/A, CARASCO
City-State-Zip:	GENOVA 16042

Title	DIRECTOR
Name	DI MARTTINO, RENATO
Address	VIA LORETO, 15/A, CARASCO
City-State-Zip:	GENOVA 16042

Title	DIRECTOR, PRESIDENT
Name	BRAUN, RICHELLE
Address	2043 DRIPPING SPRINGS
City-State-Zip:	NEW BRAUNFELS TX 78130

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: JOHN KAVANAGH**SECRETARY****02/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date