

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000071771

Entity Name: SIGNET MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

205 WORTH AVE
SUIT#316
PALM BEACH, FL 33480

Current Mailing Address:

205 WORTH AVE
SUIT#316
PALM BEACH, FL 33480

FEI Number: 83-1701493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LETIZIANO, ERNEST W
205 WORTH AVE
SUIT#316
PALM BEACH, FL 33480 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 PRES
Name LETIZIANO, ERNEST W
Address 205 WORTH AVE, SUITE #316
City-State-Zip: PALM BEACH FL 33480

Title VP
Name LETIZIANO, ERNEST
Address 205 WORTH AVE
City-State-Zip: PALM BEACH FL 33480

Title SCTY
Name LETIZIANO, ERNEST
Address 205 WORTH AVE
City-State-Zip: PALM BEACH FL 33480

Title TRES
Name LETIZIANO, ERNEST
Address 205 WORTH AVE
City-State-Zip: PALM BEACH FL 33480

Title VP
Name LETIZIANO, ERNEST
Address 205 WORTH AVE
City-State-Zip: PALM BEACH FL 33480

Title VP
Name LETIZIANO, ERNEST
Address 205 WORTH AVE
City-State-Zip: PALM BEACH FL 33480

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: ERNEST LETIZIANO

VP

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date