**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 11, 2025**
**Secretary of State**
**6255473316CC**

DOCUMENT# P21000065865

**Entity Name:** DEVICE DOCTOR CORP

**Current Principal Place of Business:**

3879 EDGAR AVE
ODESSA, FL 33556

**Current Mailing Address:**

3879 EDGAR AVE
ODESSA, FL 33556 US

**FEI Number: 47-5364741**

**Certificate of Status Desired:** No

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

KOMAROV, PAVEL
3879 EDGAR AVE
ODESSA, FL 33556 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 | OWNER |
| Name | KOMAROV, PAVEL |
| Address | 3879 EDGAR AVE |
| City-State-Zip: | ODESSA FL 33556 |

*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: PAVEL KOMAROV OWNER 03/11/2025

Electronic Signature of Signing Officer/Director Detail — Date