

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000072377

**Entity Name:** MANI MEDICAL CORP

**Current Principal Place of Business:**

151 NW 11TH ST  
SUITE W303  
HOMESTEAD, FL 33030

**Current Mailing Address:**

151 NW 11TH STREET  
W303  
HOMESTEAD, FL 33030 US

**FEI Number:** 87-2123331

**Certificate of Status Desired:** No

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

BUSINESS SERVICES & SUPPORT NETWORK CORP  
4612 N HIATUS RD  
SUNRISE, FL 33351 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:** TONY PESTANO

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TAYLOR, STEVE  
Address 6919 WEST BROWARD BLVD SUITE  
320  
City-State-Zip: PLANTATION FL 33317

*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:** STEVE TAYLOR

CEO

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date