

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005493

Entity Name: PNEUMOFLEX SYSTEMS, INC.**Current Principal Place of Business:**301 E SHERIDAN RD
MELBOURNE, FL 32901**Current Mailing Address:**PO BOX 1658
MELBOURNE, FL 32902-1658**FEI Number:** 59-3447445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANCILIA, JOHN RESQ.
730 EAST STRAWBRIDGE AVE
SUITE 209
MELBOURNE, FL 32901 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	ADDINGTON, W ROBERT D.O.
Address	PO BOX 1658
City-State-Zip:	MELBOURNE FL 32902-1658

Title	S/T
Name	MILLER, STUART PM.D.
Address	PO BOX 1658
City-State-Zip:	MELBOURNE FL 32902-1658

Title	V
Name	STEPHENS, ROBERT EPH.D.
Address	PO BOX 1658 1
City-State-Zip:	MELBOURNE FL 32902-1658

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: STUART P MILLER

S/T

03/01/2022

Electronic Signature of Signing Officer/Director Detail_____
Date