# 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003421

Entity Name: MEDIPLUS MOBILITY MEDICAL SUPPLIES INC.

## **Current Principal Place of Business:**

7442 NW 8TH STREET MIAMI, FL 33126

## **Current Mailing Address:**

7442 NW 8TH STREET MIAMI, FL 33126 US

## FEI Number: 46-2508442

## Name and Address of Current Registered Agent:

MITCHELL J HOWARD CPA, PA 3800 S OCEAN DRIVE STE 228 HOLLYWOOD, FL 33019 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

### Officer/Director Detail :

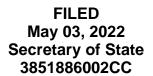
| Title           | Р                      |
|-----------------|------------------------|
| Name            | RZEZNIKIEWIZ, BRUNO    |
| Address         | 3800 S OCEAN DR<br>228 |
| City-State-Zip: | HOLLYWOOD FL 33019     |

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.

PRESIDENT

SIGNATURE: BRUNO RZEZNIKIEWIZ

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date

05/03/2022 Date