

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001646

**Entity Name:** SPECIALTY MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

52040 VAN DYKE AVENUE  
SHELBY TOWNSHIP, MI 48316

**Current Mailing Address:**

52040 VAN DYKE AVENUE  
SHELBY TOWNSHIP, MI 48316 US

**FEI Number: 26-3611004**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CP  
Name SOBLICK, ROBIN  
Address 52040 VAN DYKE AVENUE  
City-State-Zip: SHELBY TOWNSHIP MI 48316

*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: ROBIN SOBLICK**

**PRESIDENT**

**01/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date