

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128851

Entity Name: MINIMALLY INVASIVE SURGERY, INC.**Current Principal Place of Business:**2307 WEST BROWARD BLVD
SUITE 101
FORT LAUDERDALE, FL 33312**Current Mailing Address:**P.O. BOX 11705
FORT LAUDERDALE, FL 33339 US**FEI Number:** 20-0382179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, JR., RONALD E DR.
2307 WEST BROWARD BLVD
SUITE 101
FORT LAUDERDALE, FL 33312 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:** DR. RONALD E. MOORE, JR.**04/23/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MOORE, RONALD E DR.
Address	2307 WEST BROWARD BLVD SUITE 101
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	S
Name	MOORE, RONALD E DR.
Address	2307 WEST BROWARD BLVD SUITE 101
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	VP
Name	MOORE, RONALD E DR.
Address	2307 WEST BROWARD BLVD SUITE 101
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	T
Name	MOORE, RONALD E DR.
Address	2307 WEST BROWARD BLVD SUITE 101
City-State-Zip:	FORT LAUDERDALE FL 33312

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: RONALD E MOORE**PRESIDENT****04/23/2025**

Electronic Signature of Signing Officer/Director Detail

Date