2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
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Entity Name: BLACK BAG MEDICAL, INC.

Current Principal Place of Business:

3840 BELFORT RD.
STE. 102
JACKSONVILLE, FL 32216

Current Mailing Address:

4320 DEERWOOD LAKE PKWY
STE 101, PMB 321
JACKSONVILLE, FL 32216 US

FEI Number: 20-5438009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHENS, BRIAN
4320 DEERWOOD LAKE PKWY
STE 101, PMB 321
JACKSONVILLE, FL 32216 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	PVST	Title	D
Name	STEPHENS, BRIAN	Name	STEPHENS, BRIAN
Address	4320 DEERWOOD LAKE PKWY STE 101, PMB 321	Address	4320 DEERWOOD LAKE PKWY STE 101, PMB 321
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

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: BRIAN STEPHENS OWNER 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date