

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111046

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

Title D
Name STEPHENS, BRIAN
Address 4320 DEERWOOD LAKE PKWY STE
101, PMB 321
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, MD

MD

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date