

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000119272

**Entity Name:** HAKKI MEDICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

1607 S ALEXANDER ST STE 101  
PLANT CITY, FL 33566

**Current Mailing Address:**

PO BOX 137  
HAYMARKET , VA 20168 US

**FEI Number:** 77-0703468

**Certificate of Status Desired:** No

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

SPERRY, BRUCE  
1607 SOUTH ALEXANDER STREET  
PLANT CITY, FL 33563 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:** BRUCE SPERRY

02/07/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name HAKKY, SAID I  
Address PO BOX 137  
City-State-Zip: HAYMARKET VA 20168

Title EXECUTIVE SECRETARY  
Name HAKKY, SHELAAN S  
Address 1003 S. ALEXANDER STREET  
SUITE 7  
City-State-Zip: PLANT CITY FL 33566

*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:** SHELAAN HAKKY

MANAGER

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date