

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067351

**Entity Name:** CYBERDYNE MEDICAL, INC.

**Current Principal Place of Business:**

2195 CABOOSE LN  
APT 312  
ODESSA, FL 33556

**Current Mailing Address:**

2195 CABOOSE LN  
APT 312  
ODESSA, FL 33556 US

**FEI Number:** 27-0720542

**Certificate of Status Desired:** No

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

ZUCCOLO, MICHAEL L  
2195 CABOOSE LN  
APT 312  
ODESSA, FL 33556 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            PRESIDENT  
Name            ZUCCOLO, MICHAEL L  
Address        2195 CABOOSE LN  
                  APT 312  
City-State-Zip: ODESSA FL 33556

*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:** MICHAEL ZUCCOLO

**PRESIDENT**

**03/18/2020**

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

\_\_\_\_\_  
Date