#### 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.

DIRECTOR

#### SIGNATURE: BARRY F. COHEN

Electronic Signature of Signing Officer/Director Detail

#### Entity Name: SS INNOVATIONS INTERNATIONAL, INC. **Current Principal Place of Business:**

DOCUMENT# P15000011722

1600 SE 15TH STREET 512 FT LAUDERDALE, FL 33316

## **Current Mailing Address:**

1600 SE 15TH STREET 512 FT LAUDERDALE, FL 33316 US

### FEI Number: 47-3478854

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

COHEN, BARRY F 1600 SE 15TH STREET 512 FT LAUDERDALE, FL 33316 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:

### (

Officer/Director Detail :			
Title	DIRECTOR	Title	DIRECTOR
Name	COHEN, BARRY F	Name	SRIVASTAVA, VISHWJYOTI DR.
Address	1600 SE 15TH STREET	Address	2616 FAIRBOURNE CIRCLE
City-State-Zip:	512 FT LAUDERDALE FL 33316	City-State-Zip:	PLANO TX 75093
Title	CHAIRMAN		
Name	SRIVASTAVA, SUDHIR		
Address	2616 FAIRBOURNE CIRCLE		
City-State-Zip:	PLANO TX 75093		

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

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### FILED Apr 18, 2023 Secretary of State 4501881435CC

Certificate of Status Desired: No

04/18/2023

Date

Date