

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000038809

**Entity Name:** STANLEY MEDICAL DESIGNS, INCORPORATED

**Current Principal Place of Business:**

7900 HARBOR ISLAND DRIVE SUITE 1514  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

7900 HARBOR ISLAND DRIVE SUITE 1514  
NORTH BAY VILLAGE, FL 33141

**FEI Number:** 47-3891725

**Certificate of Status Desired:** No

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

STANLEY, ANTHONY G  
7900 HARBOR ISLAND DRIVE SUITE 1514  
NORTH BAY VILLAGE, FL 33141 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 P  
Name STANLEY, ANTHONY G  
Address 7900 HARBOR ISLAND DRIVE SUITE 1514  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title V  
Name HUZZIE, DONALD L SR  
Address 4303 NW 202 STREET  
City-State-Zip: MIAMI GARDENS FL 33055

Title V  
Name STANLEY, JACQUELINE  
Address 4930 NW 15TH AVE  
City-State-Zip: MIAMI FL 33142

Title S  
Name STANLEY, GEORGE M  
Address 4930 NW 15TH AVE  
City-State-Zip: MIAMI FL 33142

*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:** ANTHONY G STANLEY

P

03/05/2018

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

\_\_\_\_\_  
Date