

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 15, 2017
Secretary of State
CC3281340363

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

01/15/2017

Electronic Signature of Signing Officer/Director Detail

Date