SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** Title P. TREASURER Title v STANLEY, ANTHONY G HUZZIE, DONALD L SR Name Name 7900 HARBOR ISLAND DRIVE SUITE 4303 NW 202 STREET Address Address 1514 City-State-Zip: MIAMI GARDENS FL 33055 City-State-Zip: NORTH BAY VILLAGE FL 33141

FEI Number: 47-3891725

V

City-State-Zip: MIAMI FL 33142

STANLEY, JACQUELINE 4930 NW 15TH AVE

Name and Address of Current Registered Agent:

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.

Title

Name

Address

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 STANLEY

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000038809

Entity Name: STANLEY MEDICAL DESIGNS, INCORPORATED

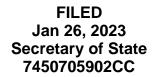
Current Principal Place of Business:

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

STANLEY, ANTHONY G 7900 HARBOR ISLAND DRIVE SUITE 1514



Certificate of Status Desired: No

01/26/2023

Date

Date

P,T