

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000008338

Entity Name: SHARMA SURGICAL & ORTHOPEDIC USA CORPORATION**Current Principal Place of Business:**10832 SW , 88TH ST. , SPANISH TRACE
U-4
MIAMI, FL 33176**Current Mailing Address:**10832 SW , 88TH ST. , SPANISH TRACE
U-4
MIAMI, FL 33176 US**FEI Number:** 35-8764332**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHARMA, ANANDKUMAR M MR.
10832 SW , 88TH ST., SPANISH TRACE
U-4
MIAMI, FL 33176 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:** ANANDKUMAR M SHARMA

02/05/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SHARMA, ANANDKUMAR M MR.
Address	10832 SW , 88TH ST. , SPANISH TRACE U-4
City-State-Zip:	MIAMI FL 33176

Title	VP
Name	SHARMA, RINKU ANAND
Address	10832 SW , 88TH ST. , SPANISH TRACE U-4
City-State-Zip:	MIAMI FL 33176

Title	DIRECTOR
Name	SHARMA, JAYESHKUMAR ANANDBHAI
Address	10832 SW , 88TH ST. , SPANISH TRACE U-4
City-State-Zip:	MIAMI FL 33176

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: ANANDKUMAR SHARMA

MR

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date