

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000063071

**Entity Name:** VEXXOR MEDICAL, INC.

**Current Principal Place of Business:**

1601 PARK CENTER DR, UNIT 10  
ORLANDO, FL 32835

**Current Mailing Address:**

1601 PARK CENTER DR, UNIT 10  
ORLANDO, FL 32835 US

**FEI Number: 84-2730213**

**Certificate of Status Desired: No**

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

SANZ, BRIAN  
1601 PARK CENTER DR, UNIT 10  
ORLANDO, FL 32835 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 D  
Name SANZ, BRIAN  
Address 1601 PARK CENTER DR, UNIT 10  
City-State-Zip: ORLANDO FL 32835

Title P, T  
Name SANZ, BRIAN  
Address 1601 PARK CENTER DR, UNIT 10  
City-State-Zip: ORLANDO FL 32835

Title D, S  
Name NORBERTO LOPEZ, CARLOS  
Address 1601 PARK CENTER DR, UNIT 10  
City-State-Zip: ORLANDO FL 32835

*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: BRIAN SANZ**

**PRESIDENT**

**02/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date