

2020 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

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date