Electronic Signature of Signing Officer/Director Detail

## FILED

Certificate of Status Desired: No

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:

GONZALEZ, UVALDO 7500 SW 8 ST SUITE 202

MIAMI, FL 33144 US

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

DOCUMENT# P20000020611

**Current Mailing Address:** 

MIAMI, FL 33144 US

FEI Number: 84-5051684

7500 SW 8 ST SUITE 202 MIAMI, FL 33144

7500 SW 8 ST SUITE 202

Entity Name: COTS MEDICAL GROUP CORP

Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

Title	Р	Title	VICE PRESIDENT
Name	GONZALEZ, UVALDO	Name	BARRIOS, SARACENI DE LA CARIDAD
Address	7500 SW 8 ST SUITE 202	Address	4364 20TH AVE SW
City-State-Zip:		City-State-Zip:	NAPLES FL 34116

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.

PRESIDENT

02/09/2024 Date

Date

Feb 09, 2024 Secretary of State 8761961730CC

## 2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT