

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000084808

**Entity Name:** LENNOX MEDICAL SUPPLIES INC

**Current Principal Place of Business:**

1444 BISCAYNE BLVD  
SUITE 115-24  
MIAMI, FL 33132

**Current Mailing Address:**

1444 BISCAYNE BLVD  
SUITE 115-24  
MIAMI, FL 33132 US

**FEI Number:** 87-2883521

**Certificate of Status Desired:** Yes

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

LOUIS-CHARLES, COLSON  
1444 BISCAYNE BLVD  
SUITE 115-24  
MIAMI, FL, FL 33132 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 P  
Name LOUIS-CHARLES, COLSON  
Address 1444 BISCAYNE BLVD SUITE 115-24  
City-State-Zip: MIAMI FL 33132

*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:** COLSON LOUIS-CHARLES

**PRESIDENT**

**01/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date