

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000040233

**Entity Name:** KLS PHARMA ROBOTICS CORP

**Current Principal Place of Business:**

400 5TH AVE S  
STE 301  
NAPLES, FL 34102

**Current Mailing Address:**

400 5TH AVE S  
STE 301  
NAPLES, FL 34102 US

**FEI Number:** 32-0733889

**Certificate of Status Desired:** No

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

MINOSKY, STEPHEN  
400 5TH AVE S  
STE 301  
NAPLES, FL 34102 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 SEIBOLD, FELIX H  
Address 929 MARBLE DR  
City-State-Zip: NAPLES FL 34104

Title VP  
Name SEIBOLD, LAURA K  
Address 929 MARBLE DR  
City-State-Zip: NAPLES FL 34104

Title S  
Name SEIBOLD, MANFRED W  
Address 929 MARBLE DR  
City-State-Zip: NAPLES FL 34102

*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:** FELIX H SEIBOLD

P

04/23/2024

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

\_\_\_\_\_  
Date