

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000047354

**Entity Name:** REGENCY MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

6251 CHANCELLOR DRIVE, SUITE 119  
ORLANDO, FL 32809

**Current Mailing Address:**

6251 CHANCELLOR DRIVE, SUITE 119  
ORLANDO, FL 32809 US

**FEI Number:** 59-3387515

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 SECRETARY, DIRECTOR  
Name BURRES, STEVEN B.  
Address 6251 CHANCELLOR DRIVE, SUITE 119  
City-State-Zip: ORLANDO FL 32809

Title TREASURER  
Name PHAN, NAM  
Address 6251 CHANCELLOR DRIVE, SUITE 119  
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT  
Name MENCHEN, ROBIN L  
Address 6251 CHANCELLOR DRIVE, SUITE 119  
City-State-Zip: ORLANDO FL 32809

*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:** STEVEN B BURRES

**SECRETARY**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date