

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000047354

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

**Current Principal Place of Business:**

3600 VINELAND ROAD, SUITE 114  
ORLANDO, FL 32811

**Current Mailing Address:**

3600 VINELAND ROAD, SUITE 114  
ORLANDO, FL 32811 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            PRESIDENT, DIRECTOR  
Name            PIGG, TIMOTHY C.  
Address        3600 VINELAND ROAD, SUITE 114  
City-State-Zip: ORLANDO FL 32811

Title            SECRETARY, DIRECTOR  
Name            BURRES, STEVEN B.  
Address        3600 VINELAND ROAD, SUITE 114  
City-State-Zip: ORLANDO FL 32811

Title            TREASURER  
Name            KOENIG, THOMAS J.  
Address        3600 VINELAND ROAD, SUITE 114  
City-State-Zip: ORLANDO FL 32811

*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**

**04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date