

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005263

Entity Name: CMF MEDICON SURGICAL INC.**Current Principal Place of Business:**11200 ST JOHNS INDUSTRIAL PKWY N
STE 1
JACKSONVILLE, FL 32246**Current Mailing Address:**11200 ST JOHNS INDUSTRIAL PKWY N
STE 1
JACKSONVILLE, FL 32246 US**FEI Number:** 20-4950687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	EXECUTIVE VICE PRESIDENT
Name	ALBER, MATTHIAS
Address	11200 ST JOHNS INDUSTRIAL PKWY N STE 1
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR, PRESIDENT
Name	BURGER, ANDREAS
Address	11200 ST JOHNS INDUSTRIAL PKWY N STE 1
City-State-Zip:	JACKSONVILLE FL 32246

Title	SECRETARY, TREASURER
Name	DAVEY, THERESE
Address	11200 ST JOHNS INDUSTRIAL PKWY N STE 1
City-State-Zip:	JACKSONVILLE FL 32246

Title	ASST. SECRETARY
Name	ZELLER, MICHAEL E.
Address	11200 ST JOHNS INDUSTRIAL PKWY N STE 1
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	WENZLER, PETER
Address	11200 ST JOHNS INDUSTRIAL PKWY N STE 1
City-State-Zip:	JACKSONVILLE FL 32246

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: THERESE DAVEY**SECRETARY****02/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date