

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002480

**Entity Name:** ARTEMIX MEDICAL INC

**Current Principal Place of Business:**

5228 SUNRISE BLVD.  
ORLANDO, FL 32803

**Current Mailing Address:**

5228 SUNRISE BLVD.  
ORLANDO, FL 32803 US

**FEI Number:** 86-2455597

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LN STE A  
TALLAHASSEE, FL 32308 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 PD  
Name BOECKL, ANDREW J  
Address 160 READ ST.  
City-State-Zip: TARPON SPRINGS FL 34689

Title VPDT  
Name COOKSON, DAVID E  
Address 5228 SUNRISE BLVD.  
City-State-Zip: ORLANDO FL 32803

*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:** DAVID E COOKSON

VPDT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date