

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003337

**Entity Name:** BLACK LIGHT SURGICAL, INC.

**Current Principal Place of Business:**

323 SUNNY ISLES BLVD 7TH FLOOR UNIT 723  
ISLES BCH, FL 33160-4232

**Current Mailing Address:**

323 SUNNY ISLES BLVD 7TH FLOOR UNIT 723  
ISLES BCH, FL 33160-4232 US

**FEI Number:** 47-4305330

**Certificate of Status Desired:** Yes

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

KAVANAUGH, JACK  
18501 COLLINS AVE UNIT 4703  
SUNNY ISLES BCH, FL 33160 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 CO-CHAIRMAN  
Name KAVANAUGH, JACK  
Address 323 SUNNY ISLES BLVD 7TH FLOOR  
UNIT 723  
City-State-Zip: SUNNY ISLES BCH FL 33160-4232

Title CO-CHAIRMAN  
Name BLACK, KEITH  
Address 323 SUNNY ISLES BLVD 7TH FLOOR  
UNIT 723  
City-State-Zip: SUNNY ISLES BCH FL 33160-4232

Title DIR  
Name SNUKAL, ROBERT  
Address 49584 HIDDEN VALLEY TRAIL  
City-State-Zip: INDIAL WELLS CA 92210

Title DIR  
Name SHARMA, DOMINIC VERNE  
Address 323 SUNNY ISLES BLVD 7TH FLOOR  
UNIT 723  
City-State-Zip: SUNNY ISLES BCH FL 33160-4232

*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:** SHARMA DOMINIC VERNE

CEO

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date