

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000041110

Entity Name: BLUE IRIS MEDICAL SERVICES INC

Current Principal Place of Business:

5298 FLORIDAN AVE
NAPLES, FL 34113

Current Mailing Address:

5298 FLORIDAN AVE
NAPLES, FL 34113 US

FEI Number: 93-1633087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGAZA, LISBET
5298 FLORIDAN AVE
NAPLES, FL 34113 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 P
Name OGAZA, LISBET
Address 5298 FLORIDAN AVE
City-State-Zip: NAPLES FL 34113

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: LISBET OGAZA

P

03/22/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date