

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000030894

Entity Name: OSTHUS INC.**Current Principal Place of Business:**1990 WEST NEW HAVEN AVE
SUITE 301
MELBOURNE, FL 32904**Current Mailing Address:**1990 WEST NEW HAVEN AVE
SUITE 301
MELBOURNE, FL 32904 US**FEI Number:** 46-2452003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUSGROVE, RALPH
19372 EAST COUNTRY CLUB DRIVE
AVENTURA, FL 33180 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
Name	OSTHUS, DR. TORSTEN
Address	1990 WEST NEW HAVEN AVE SUITE 301
City-State-Zip:	MELBOURNE FL 32904

Title	SECRETARY
Name	BRAUN, IVONNE
Address	1990 WEST NEW HAVEN AVE SUITE 301
City-State-Zip:	MELBOURNE FL 32904

Title	DIRECTOR
Name	COLSMAN, WOLFGANG
Address	1990 WEST NEW HAVEN AVE SUITE 301
City-State-Zip:	MELBOURNE FL 32904

Title	VP
Name	MUSGROVE, RALPH MARTIN
Address	1990 WEST NEW HAVEN AVE SUITE 301
City-State-Zip:	MELBOURNE FL 32904

Title	CEO
Name	MOHR, ANDREAS
Address	1990 WEST NEW HAVEN AVE - STE. 301
City-State-Zip:	MELBOURNE FL 32904

Title	D
Name	LITTLE, ERIC DR.
Address	1990 WEST NEW HAVEN AVE SUITE 301
City-State-Zip:	MELBOURNE FL 32904

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: IVONNE BRAUN**SECRETARY****01/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date