

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000030894

**Entity Name:** OSTHUS INC.

**Current Principal Place of Business:**

300 SOUTH PINE ISLAND ROAD  
SUITE 307  
PLANTATION, FL 33324

**Current Mailing Address:**

300 SOUTH PINE ISLAND ROAD  
SUITE 307  
PLANTATION, FL 33324 US

**FEI Number:** 46-2452003

**Certificate of Status Desired:** Yes

**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        300 SOUTH PINE ISLAND ROAD  
                 SUITE 307  
City-State-Zip: PLANTATION FL 33324

Title            SECRETARY  
Name            BRAUN, IVONNE  
Address        300 SOUTH PINE ISLAND ROAD  
                 SUITE 307  
City-State-Zip: PLANTATION FL 33324

Title            CEO  
Name            COLSMAN, WOLFGANG  
Address        300 SOUTH PINE ISLAND ROAD  
                 SUITE 307  
City-State-Zip: PLANTATION FL 33324

*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**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date