

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000040701

**Entity Name:** MOVE-UP MEDICAL DEVICES, INC.

**Current Principal Place of Business:**

3505 LAKE LYNDA DRIVE, #200  
ORLANDO, FL 32817

**Current Mailing Address:**

3909 CETERVILLE WAY  
SANFORD, FL 32771 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC  
115 NORTH CALHOUN STREET , SUITE 4  
TALLAHASSEE, FL 32301 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 D  
Name JEAN-CHRISTOPHE GIAMMATTEO  
Address 3505 LAKE LYNDA DRIVE, #200  
City-State-Zip: ORLANDO FL 32817

Title D  
Name LAURENT GEAIS  
Address 3505 LAKE LYNDA DRIVE, #200  
City-State-Zip: ORLANDO FL 32817

Title PD  
Name MANUEL FUENTES  
Address 3505 LAKE LYNDA DRIVE, #200  
City-State-Zip: ORLANDO FL 32817

Title VP  
Name MELVIN LOWDERMILK  
Address 3505 LAKE LYNDA DRIVE, #200  
City-State-Zip: ORLANDO FL 32817

Title VP  
Name PIERRE MAILLOUX  
Address 3505 LAKE LYNDA DRIVE, #200  
City-State-Zip: ORLANDO FL 32817

*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: MANUEL FUENTES**

**PRESIDENT**

**02/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date