

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