

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000169625

Entity Name: OPERIGHT GLOBAL MEDICINE, LLC.**Current Principal Place of Business:**4378 PARK BLVD N
PINELLAS PARK, FL 33781**Current Mailing Address:**4378 PARK BLVD N
PINELLAS PARK, FL 33781 US**FEI Number: 82-0763376****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMPUTAX USA INC
4378 PARK BLVD N
PINELLAS PARK, FL 33781 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**Authorized Person(s) Detail :**

Title AMBR
Name DUDZINSKI, WITOLD
Address UL. B. KRZYWOUSTNEGO 7/5
City-State-Zip: POZNAN 61-144

Title AMBR
Name PIONTEK, TOMASZ
Address UL. B. KRZYWOUSTNEGO 7/5
City-State-Zip: POZNAN 61-144

Title AMBR
Name LUBIATOWSKI, PRZEMYSŁAW
Address UL. B. KRZYWOUSTNEGO 7/5
City-State-Zip: POZNAN 61-144

Title AMBR
Name KEDZIORA, RADOSŁAW
Address UL. B. KRZYWOUSTNEGO 7/5
City-State-Zip: POZNAN 61-144

Title AMBR
Name BANCZYK, ANNA
Address UL. B. KRZYWOUSTNEGO 7/5
City-State-Zip: POZNAN 61-144

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WITOLD DUDZINSKI**AMBR****06/30/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date