

**2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F16000003906

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**5608522804CC**

**Entity Name:** TEEWINOT LIFE SCIENCES CORPORATION

**Current Principal Place of Business:**

12005 WHITMARSH LANE  
TAMPA, FL 33626

**Current Mailing Address:**

12005 WHITMARSH LANE  
TAMPA, FL 33626 US

**FEI Number:** 47-4319808

**Certificate of Status Desired:** No

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

THOMAS HOBSON & COMPANY, PLLC  
ATTN: TOM HOBSON  
3403 W FLETCHER AVE.  
TAMPA, FL 33618 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 C  
Name BRINK, CHARLES R  
Address 12005 WHITMARSH LANE  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name BARON, RICHARD  
Address 12005 WHITMARSH LANE  
City-State-Zip: TAMPA FL 33626

Title T  
Name BRINK, BRYAN  
Address 12005 WHITMARSH LANE  
City-State-Zip: TAMPA FL 33626

Title D  
Name FOREMAN, ALBERT  
Address 12 E 44TH ST.  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name RIISKA, MARC  
Address 12 E. 44TH STREET  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title VC, CEO, PRESIDENT  
Name LUTHER, MICHAEL  
Address 12005 WHITMARSH LANE  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name SANCHEZ, FRANCISCO  
Address 12005 WHITMARSH LANE  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name MAIONE, FRANK  
Address 12005 WHITMARSH LANE  
City-State-Zip: TAMPA FL 33626

**Continues on page 2**

*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:** CHARLES BRINK

C

04/01/2019

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY

Name FOSS-KILBURN, SCOTT

Address 12005 WHITMARSH LANE

City-State-Zip: TAMPA FL 33626