

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001357

Entity Name: DEINDE MEDICAL CORP.**Current Principal Place of Business:**11611 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025**Current Mailing Address:**11611 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 US**FEI Number:** 83-4241005**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CP
Name LITZENBERG, MARC
Address 11611 INTERCHANGE CIRCLE SOUTH
City-State-Zip: MIRAMAR FL 33025

Title S
Name PATTERSON, JOHN D JR.
Address C/O FOLEY HOAG, 155 SEAPORT BLVD.
City-State-Zip: BOSTON MA 02210

Title DIRECTOR
Name MCELENEY, JOHN
Address 11611 INTERCHANGE CIRCLE SOUTH
City-State-Zip: MIRAMAR FL 33025

Title D
Name WAKHLOO, AJAY
Address 11611 INTERCHANGE CIRCLE SOUTH
City-State-Zip: MIRAMAR FL 33025

Title T
Name NAVARRO, BERNARDO JESUS
Address 11611 INTERCHANGE CIRCLE SOUTH
City-State-Zip: MIRAMAR FL 33025

Title CEO
Name LAXMINARAIN, PRATTIPATI
Address 11611 INTERCHANGE CIRCLE SOUTH
City-State-Zip: MIRAMAR FL 33025

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: BERNARDO NAVARRO**CFO****01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date