

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002609

Entity Name: OPSENS MEDICAL INC.**Current Principal Place of Business:**108 WEST 13TH STREET
WILMINGTON, DE 19801**Current Mailing Address:**108 WEST 13TH STREET
WILMINGTON, DE 19801 US**FEI Number:** 36-4967830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT, CEO, COO
Name	MILINAZZO, ALAN
Address	144 ST NEWTON W
City-State-Zip:	BOSTON MA 02118

Title	DIRECTOR
Name	LAFLAMME, LOUIS
Address	226 RUE FERDINAND-ROY
City-State-Zip:	QUEBEC QC G1X5B5

Title	SECRETARY, TREASURER
Name	VILLENEUVE, ROBIN
Address	750 BOULEVARD DU PARC TECHNOLOGIQUE
City-State-Zip:	QUEBEC G1X5B5

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: ROBIN VILLENEUVE**SECRETARY****03/13/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date