

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000085948

Entity Name: ORTHOPAEDIE MANUFAKTUR CORP.**Current Principal Place of Business:**1639 CAPE CORAL PARKWAY E #206
CAPE CORAL, FL 33904**Current Mailing Address:**1639 CAPE CORAL PARKWAY E #206
CAPE CORAL, FL 33904**FEI Number:** 81-4250000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAJAC, MAREK
1639 CAPE CORAL PARKWAY E #206
CAPE CORAL, FL 33904 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	P/T	Title	VP
Name	LORENZ, ANDREAS	Name	SCHAD, STEFAN
Address	REICHENBACHER STR. 19	Address	POSTSTR. 28
City-State-Zip:	STOETTWANG 87677	City-State-Zip:	TRAUCHGAU BV 87642
Title	S		
Name	ZAJAC, MAREK		
Address	REICHENBACHER STR. 19		
City-State-Zip:	STOETTWANG, BV 87677 OC		

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: MAREK ZAJAC**SECRETARY****02/25/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date