

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107999

**Entity Name:** WRISTBANDS MEDTECH USA, INC.

**Current Principal Place of Business:**

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819

**Current Mailing Address:**

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819

**FEI Number:** 98-0186757

**Certificate of Status Desired:** No

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

CHRISTOPHER, DONALD E  
200 SOUTH ORANGE AVENUE, SUITE 2900  
ORLANDO, FL 32801 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  
Name SINGH, RANJIE DR.  
Address 1015 GREEN VALLEY ROAD  
City-State-Zip: LONDON ONTARIO N6N 1E4

*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:** DR. RANJIE SINGH

**PRESIDENT**

**02/06/2019**

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

\_\_\_\_\_  
Date