

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98512

Entity Name: TUTOGEN MEDICAL, INC.**Current Principal Place of Business:**520 LAKE COOK ROAD
SUITE 315
DEERFIELD, IL 60015**Current Mailing Address:**520 LAKE COOK ROAD
SUITE 315
DEERFIELD, IL 60015 US**FEI Number:** 59-3100165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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	VP, DIRECTOR	Title	PRESIDENT, CEO, DIRECTOR
Name	LOUW, JOHANNES W	Name	SINGER, JONATHON M
Address	520 LAKE COOK ROAD SUITE 315	Address	520 LAKE COOK ROAD SUITE 315
City-State-Zip:	DEERFIELD IL 60015	City-State-Zip:	DEERFIELD IL 60015
Title	DIRECTOR, VP, SECRETARY	Title	VP, TREASURER, CHIEF ACCOUNTING OFFICER
Name	DERIENZIS, JOSHUA	Name	BARTOLUCCI, RYAN
Address	520 LAKE COOK ROAD SUITE 315	Address	520 LAKE COOK ROAD SUITE 315
City-State-Zip:	DEERFIELD IL 60015	City-State-Zip:	DEERFIELD IL 60015

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: RYAN BARTOLUCCI

VP

06/11/2020

Electronic Signature of Signing Officer/Director Detail_____
Date