

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98512

Entity Name: TUTOGEN MEDICAL, INC.**Current Principal Place of Business:**11621 RESEARCH CIRCLE
ALACHUA, FL 32615**Current Mailing Address:**11621 RESEARCH CIRCLE
ALACHUA, FL 32615 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 PRESIDENT, DIRECTOR
Name HUTCHISON, BRIAN K
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

Title VP, DIRECTOR
Name ROSE, ROGER W
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

Title VP, DIRECTOR
Name JORDHEIM, ROBERT P
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

Title VP, DIRECTOR
Name HARTILL, CAROLINE A
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

Title VP
Name KOFORD, KEITH
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

Title VP
Name LOUW, JOHANNES W
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

Title VP
Name VARELA, JOHN
Address 11621 RESEARCH CIRCLE
City-State-Zip: ALACHUA FL 32615

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: ROBERT P JORDHEIM**VP, DIRECTOR****03/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date