

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000103615

**Entity Name:** DYSLEXIA RESEARCH CENTER USA, INC.

**Current Principal Place of Business:**

442 S TAMAIMI TRAIL  
OSPREY, FL 34229

**Current Mailing Address:**

442 S TAMAIMI TRAIL  
OSPREY, FL 34229

**FEI Number:** 26-1108776

**Certificate of Status Desired:** No

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

CONKLIN, THOMAS R  
442 S TAMAIMI TRAIL  
OSPREY, FL 34229 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 PD  
Name KOPP-DULLER, ASTRID DR  
Address 442 S TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

Title TD  
Name ENGEL, MARIO  
Address 442 S TAMIAMI TRAIL  
City-State-Zip: OSPREY FL 34229

*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:** KOPP-DULLER , ASTRID DR

PD

01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date