2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000056477

Entity Name: ASSUAGE PHARMACEUTICALS, INC.

Current Principal Place of Business:

11350 SW VILLAGE PKWY

SUITE 221

PORT ST LUCIE, FL 34987

Current Mailing Address:

ATTN: GREG WELMAKER

11350 SW VILLAGE PKWY SUITE 221

PORT ST LUCIE, FL 34987 US

FEI Number: 45-5549868 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOUGHTEN, RICHARD A 11350 SW VILLAGE PKWY PORT ST LUCIE, FL 34987 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

FILED Mar 19, 2018

Secretary of State

CC9022914643

Officer/Director Detail:

Title **DIRECTOR** Title **PRESIDENT**

HOUGHTEN, RICHARD A Name Name WELMAKER, GREGORY S Address 11350 SW VILLAGE PKWY Address 11350 SW VILLAGE PKWY

> SUITE 221 SUITE 221

PORT ST LUCIE FL 34987 PORT ST LUCIE FL 34987 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **SECRETARY** GIULIANOTTI, MARCELLO Name Name TOLL, LARRY

11350 SW VILLAGE PKWY 11350 SW VILLAGE PKWY Address Address

SUITE 221 SUITE 221

PORT ST LUCIE FL 34987 PORT ST LUCIE FL 34987 City-State-Zip: City-State-Zip:

Title CEO Title **DIRECTOR**

LYTLE, THOMAS S HERTZBERG, MICHAEL A Name Name Address

11350 SW VILLAGE PKWY 11350 SW VILLAGE PKWY Address SUITE 221

SUITE 221

PORT ST LUCIE FL 34987 PORT ST LUCIE FL 34987 City-State-Zip: City-State-Zip:

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: GREGORY WELMAKER

PRESIDENT

03/19/2018