

2020 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:

PO BOX 1196
PALM CITY, FL 34991 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

Officer/Director Detail :

Title DIRECTOR
Name HOUGHTEN, RICHARD A
Address 11350 SW VILLAGE PKWY
SUITE 221
City-State-Zip: PORT ST LUCIE FL 34987

Title VP
Name WELMAKER, GREGORY S
Address PO BOX 1196
City-State-Zip: PALM CITY FL 34991

Title DIRECTOR
Name GIULIANOTTI, MARCELLO
Address PO BOX 1196
City-State-Zip: PALM CITY FL 34991

Title SECRETARY
Name TOLL, LARRY
Address PO BOX 1196
City-State-Zip: PALM CITY FL 34991

Title CEO
Name LYTLE, THOMAS S
Address PO BOX 1196
City-State-Zip: PALM CITY FL 34991

Title DIRECTOR
Name HERTZBERG, MICHAEL A
Address PO BOX 1196
City-State-Zip: PALM CITY FL 34991

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 S WELMAKER

VP

03/21/2020

Electronic Signature of Signing Officer/Director Detail

Date