2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2019
Secretary of State
6958637474CC

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Entity Name: NEUROGENESIS INSTITUTE CORP

Current Principal Place of Business:

463 LAKEVIEW
CORAL SPRINGS, FL 33071

Current Mailing Address:

463 LAKEVIEW
CORAL SPRINGS, FL 33071 US

FEI Number: 81-0883608

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVES, ROSANA PHD
463 LAKEVIEW
CORAL SPRINGS, FL 33071 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	P	Title	VP
Name	ALVES, ROSANA PHD	Name	TORRES MOTA, ANDRE LUIZ SR.
Address	463 LAKEVIEW	Address	463 LAKEVIEW
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071

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: ROSANA ALVES PRESIDENT 03/18/2019

Electronic Signature of Signing Officer/Director Detail — Date