

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000015181

**Entity Name:** NOMAX THERAPEUTICS, INC.

**Current Principal Place of Business:**

175 SW 7-TH STREET  
1702  
MIAMI , FL 33130

**Current Mailing Address:**

3363 NE 163 STREET  
708D  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 86-2188907

**Certificate of Status Desired:** Yes

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

KEIFITZ, MIKHAEL E ESQ  
3363 NE 163 STREET  
708D  
NORTH MIAMI BEACH, FL 33160 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  
Name TEMNIK, MAX  
Address 175 SW 7-TH STREET  
1702  
City-State-Zip: MIAMI FL 33130

*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:** MAX TEMNIK

PRESIDENT

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date