

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000058914

Entity Name: NEUROMAX LIFE, LLC**Current Principal Place of Business:**3832-10 BAYMEADOWS RD #339
JACKSONVILLE, FL 32217**Current Mailing Address:**3832-10 BAYMEADOWS RD #339
JACKSONVILLE, FL 32217 US**FEI Number:** 86-1284968**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ASAD, SYED
8823 SAN JOSE BLVD
SUITE 209
JACKSONVILLE, FL 32217 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:** SYED ASAD**04/03/2022**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	AR
Name	ASAD, SYED	Name	ASAD, SYED
Address	8823 SAN JOSE BLVD STE 209	Address	8823 SAN JOSE BLVD STE 209
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYED ASAD MD**PRESIDENT/OWNER****04/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date