

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002363

**Entity Name:** NU LIFE MED, LLC

**Current Principal Place of Business:**

250 N COMMERCIAL STREET  
MANCHESTER, NH 03101

**Current Mailing Address:**

250 NORTH COMMERCIAL STREET  
SUITE 3003  
MANCHESTER, NH 03101 US

**FEI Number:** 27-0780771

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE CENTER  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title AUTHORIZED PERSON  
Name AVESTRO, MICHAEL  
Address 250 NORTH COMMERCIAL STREET  
SUITE 3003  
City-State-Zip: MANCHESTER NH 03101

Title MEMBER  
Name HUGHES, PATRICK L  
Address 250 NORTH COMMERCIAL STREET  
SUITE 3003  
City-State-Zip: MANCHESTER NH 03101

Title MEMBER  
Name WUNSCH, KACEY  
Address 250 N COMMERCIAL STREET  
City-State-Zip: MANCHESTER NH 03101

Title MEMBER  
Name SOUCY, NATHALIE  
Address 250 N COMMERCIAL STREET  
City-State-Zip: MANCHESTER NH 03101

Title CEO  
Name COSTELLO, NEIL  
Address 250 N COMMERCIAL STREET  
City-State-Zip: MANCHESTER NH 03101

*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:** PATRICK LIAM HUGHES

MEMBER

02/05/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date