

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002363

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

**Current Principal Place of Business:**

250 NORTH COMMERCIAL STREET  
SUITE 3003  
MANCHESTER, NH 03101

**Current Mailing Address:**

250 NORTH COMMERCIAL STREET  
SUITE 3003  
MANCHESTER, NH 03101 US

**FEI Number:** 27-0780771

**Certificate of Status Desired:** No

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

**AUTHORIZED PERSON**

**01/15/2020**

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

\_\_\_\_\_  
Date