

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000878

Entity Name: EVOKE NEUROSCIENCE, INC.**Current Principal Place of Business:**200 VALENCIA DR.
JACKSONSVILLE, NC 28546**Current Mailing Address:**200 VALENCIA DR.
JACKSONSVILLE, NC 28546 US**FEI Number:** 27-1554133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MARK WILLIAMS

01/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HAGEDORN, DAVID
Address 106 DRAYTON HALL
City-State-Zip: JACKSONSVILLE NC 28540

Title DIRECTOR
Name THOMPSON, JAMES
Address 239 DEAN STREET
City-State-Zip: BROOKLYN NY 11217

Title DIRECTOR
Name HAGEDORN, NICOLE
Address 106 DRAYTON HALL
City-State-Zip: JACKSONSVILLE NC 28540

Title PRESIDENT
Name HAGEDORN, DAVID
Address 106 DRAYTON HALL
City-State-Zip: JACKSONSVILLE NC 28540

Title VICE-PRESIDENT
Name THOMPSON, JAMES
Address 239 DEAN STREET
City-State-Zip: BROOKLYN NY 11217

Title SECRETARY
Name HAGEDORN, NICOLE
Address 106 DRAYTON HALL
City-State-Zip: JACKSONSVILLE NC 28540

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: DAVID HAGEDORN**DIRECTOR**

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date