

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001874

**Entity Name:** PLASMOLOGY4, INC.**Current Principal Place of Business:**8502 E. PRINCESS DR.  
SUITE 210  
SCOTTSDALE, AZ 85255**Current Mailing Address:**8502 E. PRINCESS DR.  
SUITE 210  
SCOTTSDALE, AZ 85255 US**FEI Number:** 27-1975173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 DIRECTOR  
Name BRIGIDO, STEPHEN A.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title PRESIDENT, DIRECTOR  
Name JACOFISKY, DAVID J.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title DIRECTOR  
Name MCDOWELL, KEVIN P.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title DIRECTOR, SECRETARY  
Name ROBINSON, RONALD R.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title TREASURER, DIRECTOR, CEO  
Name HUMMEL, ROBERT M.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title DIRECTOR  
Name LAWSON, JAMES RON  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title DIRECTOR  
Name MILLER, ANDREW W. JR.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

Title DIRECTOR  
Name WATSON, GREGORY A.  
Address 8502 E. PRINCESS DR.  
SUITE 210  
City-State-Zip: SCOTTSDALE AZ 85255

*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 J. JACOFISKY**PRESIDENT****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date