

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002445

**Entity Name:** 180 MEDICAL, INC.**Current Principal Place of Business:**8516 NW EXPRESSWAY  
OKLAHOMA CITY, OK 73162-6010**Current Mailing Address:**8516 NW EXPRESSWAY  
OKLAHOMA CITY, OK 73162-6010 US**FEI Number: 13-4211220****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
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**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	SEGEL, RAZIEL SETH
Address	336 CENTRAL PARK WEST, APT 9E
City-State-Zip:	NEW YORK NY 10025

Title	COO, DIRECTOR
Name	JASSEY, MARK LLOYD
Address	5805 N. BILLEN AVENUE,
City-State-Zip:	OKLAHOMA CITY OK 73112-7351

Title	CFO, DIRECTOR, SECRETARY, TREASURER
Name	HENDRIX, JEFFERY BENJAMIN
Address	9800 NW 148TH PLACE
City-State-Zip:	YUKON OK 73009-8260

*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: JEFFERY BENJAMIN HENDRIX****SECRETARY****04/25/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date