

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003060

**Entity Name:** AESYNTIX HEALTH, INC.**Current Principal Place of Business:**3300 DOUGLAS BLVD SUITE 200  
ROSEVILLE, CA 95661**Current Mailing Address:**3300 DOUGLAS BLVD SUITE 200  
ROSEVILLE, CA 95661**FEI Number:** 26-3368592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            CANE, DANIEL  
Address        3600 FAU BLVD SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            VP, GC  
Name            FLEISHER, MARK  
Address        3600 FAU BLVD SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            CFO, COO  
Name            O'BYRNE, KAREN  
Address        3600 FAU BLVD SUITE 202  
City-State-Zip: BOCA RATON FL 33431

Title            CMO  
Name            SHERLING, MICHAEL  
Address        3600 FAU BLVD., SUITE 202  
City-State-Zip: BOCA RATON FL 33431

*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:** KAREN O'BYRNE

CFO/COO

01/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date