

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003060

Entity Name: AESYNTIX HEALTH, INC.**Current Principal Place of Business:**4850 T-REX AVENUE, SUITE 200
BOCA RATON, FL 33431**Current Mailing Address:**C/O MODERNIZING MEDICINE, INC.
4850 T-REX AVENUE, SUITE 200
BOCA RATON, FL 33431 US**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	CEO, DIRECTOR
Name	CANE, DANIEL
Address	4850 T-REX AVENUE SUITE 200
City-State-Zip:	BOCA RATON FL 33431

Title	EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
Name	SCHEER, MICHELLE
Address	4850 T-REX AVENUE SUITE 200
City-State-Zip:	BOCA RATON FL 33431

Title	PRESIDENT, COO
Name	HARPAZ, JOSEPH
Address	4850 T-REX AVENUE SUITE 200
City-State-Zip:	BOCA RATON FL 33431

Title	SENIOR EXECUTIVE VP AND GENERAL COUNSEL
Name	FLEISHER, MARK
Address	4850 T-REX AVENUE SUITE 200
City-State-Zip:	BOCA RATON FL 33431

Title	CHIEF MEDICAL AND STRATEGY OFFICER
Name	SHERLING, MICHAEL
Address	4850 T-REX AVENUE SUITE 200
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: MARK FLEISHER**GENERAL COUNSEL****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date