

2018 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

Title CRO
Name VON PUSCH, RICK
Address 3300 DOUGLAS BLVD SUITE 200
City-State-Zip: ROSEVILLE CA 95661

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

04/29/2018

Electronic Signature of Signing Officer/Director Detail_____
Date