

**2022 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**SECRETARY****05/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date