

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002960

**Entity Name:** AGELESS MEN'S HEALTH HOLDINGS, INC.

**Current Principal Place of Business:**

11112 SAN JOSE BLVD.  
SUITE 22  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

14358 N FRANK LLOYD WRIGHT  
SUITE 4  
SCOTTSDALE, AZ 85260 US

**FEI Number:** 27-5505337

**Certificate of Status Desired:** Yes

**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 P  
Name BLACKWOOD, JASON  
Address 14358 N FRANK LLOYD WRIGHT  
SUITE 4  
City-State-Zip: SCOTTSDALE AZ 85260

Title VP  
Name MITIAS, HANNA M MD  
Address 206 OXFORD RD  
City-State-Zip: NEW ALBANY MS 38652

Title S  
Name BLACKWOOD, TAYLOR  
Address 14358 N FRANK LLOYD WRIGHT  
SUITE 4  
City-State-Zip: SCOTTSDALE AZ 85260

Title CFO  
Name KAY, SUSAN  
Address 14358 N FRANK LLOYD WRIGHT BLVD  
#4  
City-State-Zip: SCOTTSDALE AZ 85260

*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:** SUSAN KAY

CFO

04/29/2024

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

\_\_\_\_\_  
Date