

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000002353

Entity Name: NEUSOFT MEDICAL SYSTEMS U.S.A., INC.**Current Principal Place of Business:**14425 TORREYCHASE BLVD
SUITE 100
HOUSTON, TX 77014**Current Mailing Address:**14425 TORREYCHASE BLVD
SUITE 100
HOUSTON, TX 77014 US**FEI Number:** 98-0506205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name WU, SHAOJIE
Address 14425 TORREYCHASE BLVD
SUITE 100
City-State-Zip: HOUSTON TX 77014

Title DIRECTOR
Name HAN, DONGLONG
Address 14425 TORREYCHASE BLVD
SUITE 100
City-State-Zip: HOUSTON TX 77014

Title DIRECTOR
Name WANG, NI
Address 14425 TORREYCHASE BLVD
SUITE 100
City-State-Zip: HOUSTON TX 77014

Title DIRECTOR
Name ZHANG, DAN
Address 14425 TORREYCHASE BLVD
SUITE 100
City-State-Zip: HOUSTON TX 77014

Title PRESIDENT
Name LIU, BAIAN
Address 14425 TORREYCHASE BLVD
SUITE 100
City-State-Zip: HOUSTON TX 77014

Title SECRETARY
Name LI, FENGQIAO
Address 14425 TORREYCHASE BLVD
SUITE 100
City-State-Zip: HOUSTON TX 77014

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: FENGQIAO LI**SECRETARY****01/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date