

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 388362

**Entity Name:** NEUROTRONICS, INC.**Current Principal Place of Business:**4500 NW 27TH AVE,  
STE C2  
GAINESVILLE, FL 32606**Current Mailing Address:**4500 NW 27TH AVE,  
STE C2  
GAINESVILLE, FL 32606 US**FEI Number:** 59-1410850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, JAKE  
4500 NW 27TH AVE,  
STE C2  
GAINESVILLE, FL 32606 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:** JAKE JOHNSON

04/20/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CEO  
Name IMAJO, KAORU  
Address 4500 NW 27TH AVE,  
STE C2  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name TANAKA, EIICHI  
Address 4500 NW 27TH AVE,  
STE C2  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name WATANABE, ERI  
Address 4500 NW 27TH AVE,  
STE C2  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name JOHNSON, JAKE B  
Address 4500 NW 27TH AVE,  
STE C2  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name SCHUBERT, JAMES W  
Address 4500 NW 27TH AVE,  
STE C2  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name SATAKE, HIROYUKI  
Address 4500 NW 27TH AVE,  
STE C2  
City-State-Zip: GAINESVILLE FL 32606

*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:** JAKE JOHNSON

VP

04/20/2020

Electronic Signature of Signing Officer/Director Detail

Date