

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388362

Entity Name: NEUROTRONICS, INC.**Current Principal Place of Business:**13800 TECH CITY CIRCLE
STE 400
ALACHUA, FL 32615**Current Mailing Address:**13800 TECH CITY CIRCLE
STE 400
ALACHUA, FL 32615 US**FEI Number:** 59-1410850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, JAKE
13800 TECH CITY CIRCLE
STE 400
ALACHUA, FL 32615 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

03/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT, CEO
Name JOHNSON, JAKE B
Address 13800 TECH CITY CIRCLE
STE 400
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name TANAKA, EIICHI
Address 13800 TECH CITY CIRCLE
STE 400
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name IZUMIDA, FUMIO
Address 13800 TECH CITY CIRCLE
STE 400
City-State-Zip: ALACHUA FL 32615

Title VP
Name SCHUBERT, JAMES W
Address 13800 TECH CITY CIRCLE
STE 400
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name SATAKE, HIROYUKI
Address 13800 TECH CITY CIRCLE
STE 400
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name MORINAGA, SHUHEI
Address 13800 TECH CITY CIRCLE
STE 400
City-State-Zip: ALACHUA FL 32615

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 B JOHNSON

PRESIDENT

03/22/2023

Electronic Signature of Signing Officer/Director Detail

Date