

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 388362

Entity Name: NEUROTRONICS, INC.**Current Principal Place of Business:**3600 NW 43RD STREET
SUITE F1
GAINESVILLE, FL 32606**Current Mailing Address:**3600 NW 43RD STREET
SUITE F1
GAINESVILLE, FL 32606 US**FEI Number:** 59-1410850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, JAKE
3600 NW 43RD ST.
SUITE F1
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

07/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPTS
Name MASE, RYUZO
Address 3600 NW 43RD STREET
SUITE F1
City-State-Zip: GAINESVILLE FL 32606

Title D
Name AIDA, HIROSHI
Address 3600 NW 43RD STREET
SUITE F1
City-State-Zip: GAINESVILLE FL 32606

Title D
Name MAGARA, MAKOTO
Address 3600 NW 43RD STREET
SUITE F1
City-State-Zip: GAINESVILLE FL 32606

Title V
Name JOHNSON, JAKE B
Address 3600 NW 43RD STREET
SUITE F1
City-State-Zip: GAINESVILLE FL 32606

Title V
Name SCHUBERT, JAMES W
Address 3600 NW 43RD STREET
SUITE F1
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 B. JOHNSON

V

07/24/2015

Electronic Signature of Signing Officer/Director Detail

Date