

2014 FLORIDA PROFIT CORPORATION 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:**CROMWELL, RENAE
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:**_____
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	OGINO, HIROKAZU
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 JOHNSONVICE PRESIDENT,
OPERATIONS

03/26/2014

Electronic Signature of Signing Officer/Director Detail_____
Date