

2019 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

03/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name YANAGIHARA, KAZUTERU
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

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date