

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000098851

Entity Name: BISCAYNE NEUROTHERAPEUTICS, INC.

Current Principal Place of Business:

4770 BISCAYNE BOULEVARD
SUITE 660
MIAMI, FL 33137

FILED
Jan 18, 2018
Secretary of State
CC6793156472

Current Mailing Address:

4770 BISCAYNE BOULEVARD
SUITE 660
MIAMI, FL 33137 US

FEI Number: 45-3908226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO, PRESIDENT AND DIRECTOR
Name COLLINS, STEPHEN D. MD, PHD
Address 4770 BISCAYNE BOULEVARD
SUITE 660
City-State-Zip: MIAMI FL 33137

Title DIR
Name REICH, SAMUEL
Address 4770 BISCAYNE BOULEVARD
SUITE 660
City-State-Zip: MIAMI FL 33137

Title DIR
Name LAMMERT, WARREN
Address 4770 BISCAYNE BOULEVARD
SUITE 660
City-State-Zip: MIAMI FL 33137

Title SECRETARY
Name MENDEL, JARED
Address 4770 BISCAYNE BOULEVARD
SUITE 660
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name NG, CAREY
Address 4770 BISCAYNE BOULEVARD
SUITE 660
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name AVNUR, ZAFRIRA
Address 4770 BISCAYNE BOULEVARD
SUITE 660
City-State-Zip: MIAMI FL 33137

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: JARED MENDEL

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date