

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000010239

**Entity Name:** FARMA SCI LIFE, INC.

**Current Principal Place of Business:**

3361 NW 55TH ST  
SUITE 317  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

PO BOX 797  
ATTN: LEGAL  
CARMEL, IN 46082 US

**FEI Number:** 81-1321319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARMASCI LIFE, INC.  
3301 NW 55TH ST  
ATTN: ALIX VOLLMER  
FOURT LAUDERDALE, FL 33309 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:** JOHN MALONEY

02/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name THORNBERRY, PHILLIP N  
Address PO BOX 797  
ATTN: LEGAL  
City-State-Zip: CARMEL IN 46082

Title LEGAL AND COMPLIANCE  
COORDINATOR  
Name BROWN, DALTON A  
Address 6330 E 75TH ST  
STE. 334  
City-State-Zip: INDIANAPOLIS IN 46250

*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:** DALTON BROWN

LEGAL AND COMPLIANCE 02/12/2024  
COORDINATOR

Electronic Signature of Signing Officer/Director Detail

Date