

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000097576

**Entity Name:** AUTOPHAGY NEUROTHERAPEUTICS, INC.

**Current Principal Place of Business:**

11350 SW VILLAGE PARKWY  
PORT ST. LUCIE, FL 34987-2352

**Current Mailing Address:**

8814 S SEA OAKS WAY  
UNIT 306  
VERO BEACH, FL 32963 US

**FEI Number:** 81-4655772

**Certificate of Status Desired:** No

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

CORPORARTE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33140 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 D  
Name HOUGHTEN, RICHARD A  
Address 11350 SW VILLAGE PARKWY  
City-State-Zip: PORT ST. LUCIE FL 34987-2352

Title D  
Name HUDSON, F. DONALD  
Address 8814 SEA OAKS WAY, #306  
City-State-Zip: VERO BEACH FL 32963

Title D  
Name WELMAKER, GREGORY  
Address 11350 SW VILLAGE PARKWY  
City-State-Zip: PORT ST. LUCIE FL 34987-2352

Title D  
Name LAKSHMANA, MADEPALLI  
Address 11350 SW VILLAGE PARKWY  
City-State-Zip: PORT ST. LUCIE FL 34987-2352

*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:** F. DONALD HUDSON

**CHAIRMAN**

**06/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date