

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F17000002143

**Entity Name:** RESTORIX HEALTH, INC.**Current Principal Place of Business:**3445 N CAUSEWAY BLVD  
STE 600  
METAIRIE, LA 70002**Current Mailing Address:**3445 N CAUSEWAY BLVD  
STE 600  
METAIRIE, LA 70002 US**FEI Number:** 27-3122517**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 COO  
Name HERNANDEZ, THERESE  
Address 3445 N CAUSEWAY BLVD  
STE 600  
City-State-Zip: METAIRIE LA 70002

Title DIRECTOR  
Name MALLEN, AMY COHEN  
Address 3445 N CAUSEWAY BLVD  
STE 600  
City-State-Zip: METAIRIE LA 70002

Title DIRECTOR  
Name HERNANDEZ, THERESE  
Address 3445 N CAUSEWAY BLVD  
STE 600  
City-State-Zip: METAIRIE LA 70002

Title PRESIDENT AND SECRETARY  
Name HERNANDEZ, THERESE  
Address 3445 N CAUSEWAY BLVD  
STE 600  
City-State-Zip: METAIRIE LA 70002

Title CFO / TREASURER  
Name MALLEN, AMY COHEN  
Address 3445 N CAUSEWAY BLVD  
STE 600  
City-State-Zip: METAIRIE LA 70002

*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:** THERESE HERNANDEZ**PRESIDENT****05/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date