

2022 FOREIGN PROFIT CORPORATION 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 MCLAUGHLIN, STEVEN
Address 3445 N CAUSEWAY BLVD
STE 600
City-State-Zip: METAIRIE LA 70002

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

Title SECRETARY
Name MCLAUGHLIN, STEVEN
Address 3445 N CAUSEWAY BLVD
STE 600
City-State-Zip: METAIRIE LA 70002

Title PRESIDENT / CEO
Name WALZ, DAVE
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: SEILER, PATRICK**TREASURER / CFO****04/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date