

**2019 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	DIRECTOR
Name	MCLAUGHLIN, STEVEN
Address	3445 N CAUSEWAY BLVD STE 600
City-State-Zip:	METAIRIE LA 70002

Title	TREASURER
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
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: PATRICK SEILER****TREASURER****03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date