

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008139

**FILED**  
**Jan 18, 2021**  
**Secretary of State**  
**1776204818CC**

**Entity Name:** PATEL INSTITUTE FOR INNOVATION, INC.

**Current Principal Place of Business:**

10721 RAULERSON RANCH RD  
TAMPA, FL 33637

**Current Mailing Address:**

10721 RAULERSON RANCH RD  
TAMPA, FL 33637 US

**FEI Number:** 83-1540460

**Certificate of Status Desired:** No

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

WILSON, KARREN ESQ.  
5600 MARINER ST., STE. 200  
TAMPA, FL 33609 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 P  
Name JAIN, KAVITA  
Address 8334 TORRINGTON AVE.  
City-State-Zip: TAMPA FL 33647

Title V  
Name JACOBS, RAYMOND A  
Address 10233 GARDEN ALCOVE DR  
City-State-Zip: TAMPA FL 33647

Title TREASURER  
Name ZHENG, JENNY  
Address 19116 WOOD SAGE DR.  
City-State-Zip: TAMPA FL 33647

Title SECRETARY  
Name MILTON, CAROL  
Address 20169 BAY CEDAR AVENUE  
City-State-Zip: TAMPA FL 33647

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAVITA JAIN

**PRESIDENT**

**01/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date