

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000006982

**Entity Name:** IEMBRACE, INC.

**Current Principal Place of Business:**

7643 GATE PARKWAY, SUITE 104-1352  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY, SUITE 104-1352  
JACKSONVILLE, FL 32256

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SMOTHERS, KIMBERLY  
7643 GATE PARKWAY, SUITE 104-1352  
JACKSONVILLE, FL 32256 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,P  
Name SMOTHERS, KIMBERLY  
Address 7643 GATE PARKWAY, SUITE 104-1352  
City-State-Zip: JACKSONVILLE FL 32256

Title D,S  
Name CHANDLER, ISAISHA  
Address 7643 GATE PARKWAY, SUITE 104-1352  
City-State-Zip: JACKSONVILLE FL 32256

Title D,T  
Name GONZALEZ, APRIL  
Address 7643 GATE PARKWAY, SUITE 104-1352  
City-State-Zip: JACKSONVILLE FL 32256

*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:** KIMBERLY SMOTHERS

**PRESIDENT**

**03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date