

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000037763

**Entity Name:** KENADAY MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

8001 N DALE MABRY HWY  
SUITE 701  
TAMPA, FL 33614

**Current Mailing Address:**

8001 N DALE MABRY HWY  
SUITE 701  
TAMPA, FL 33614 US

**FEI Number:** 03-0428846

**Certificate of Status Desired:** No

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

SHOBOLA, KENNETH O  
8001 N DALE MABRY HWY  
SUITE 701  
TAMPA, FL 33614 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            SHOBOLA, KENNETH  
Address        3704 BERGER ROAD  
City-State-Zip: LUTZ FL 33548

Title            S  
Name            SHOBOLA, JACQUELINE  
Address        3704 BERGER ROAD  
City-State-Zip: LUTZ FL 33548

*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:** KENNETH O SHOBOLA

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date