### 2016 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

#### 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

#### Officer/Director Detail :

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

PRESIDENT

#### SIGNATURE: KENNETH O SHOBOLA

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 28, 2016 Secretary of State CC4952143106

Certificate of Status Desired: No

04/28/2016

Date

Date