

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000037685

**Entity Name:** SGN NANOPHARMA INC

**Current Principal Place of Business:**

3720 SPECTRUM BLVD  
SUITES 125 B & C  
TAMPA, FLORIDA, FL 33612

**Current Mailing Address:**

3720 SPECTRUM BLVD  
SUITES 125 B & C  
TAMPA, FLORIDA, FL 33612 US

**FEI Number:** 26-2755353

**Certificate of Status Desired:** No

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

PATEL, PRAFUL  
3720 SPECTRUM BLVD  
SUITES 125 B & C  
TAMPA, FL 33612 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, CEO
Name	JAIKARIA, NAVDEEP S
Address	210 JACOBS CREEK RD
City-State-Zip:	TITUSVILLE NJ 08560
Title	DIRECTOR
Name	SINGHAVI, RAHUL DR.
Address	3720 SPECTRUM BLVD SUITES 125 B &AMP; C
City-State-Zip:	TAMPA, FLORIDA FL 33612

Title	COO
Name	PATEL, PRAFUL DR.
Address	3720 SPECTRUM BLVD SUITES 125 B &AMP; C
City-State-Zip:	TAMPA, FLORIDA FL 33612

*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:** PRAFUL PATEL

**CHIEF OPERATING  
OFFICER**

**04/03/2018**

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

\_\_\_\_\_  
Date