

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000037685

Entity Name: SGN NANOPHARMA INC**Current Principal Place of Business:**3720 SPECTRUM BLVD
SUITE 125
TAMPA, FLORIDA, FL 33612**Current Mailing Address:**3720 SPECTRUM BLVD
SUITE 125
TAMPA, FLORIDA, FL 33612 US**FEI Number:** 26-2755353**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAIKARIA, BEHROZE
3720 SPECTRUM BLVD
SUITE 125
TAMPA, FLORIDA, 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:** BEHROZE JAIKARIA

04/07/2023

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	GUPTA, SUNIL DR.
Address	3720 SPECTRUM BLVD SUITE 125
City-State-Zip:	TAMPA, FLORIDA FL 33612
Title	COO
Name	SINGHAL, VINEET
Address	3720 SPECTRUM BLVD SUITE 125
City-State-Zip:	TAMPA, FLORIDA FL 33612

Title	VP
Name	PATEL, PRANAV DR.
Address	3720 SPECTRUM BLVD SUITE 125
City-State-Zip:	TAMPA, FLORIDA FL 33612
Title	DIRECTOR
Name	SINGHVI, RAHUL DR.
Address	3720 SPECTRUM BLVD SUITE 125
City-State-Zip:	TAMPA, FLORIDA FL 33612
Title	OFFICER
Name	JAIKARIA, BEHROZE
Address	3720 SPECTRUM BLVD SUITE 125
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: BEHROZE JAIKARIA**OFFICER**

04/07/2023

Electronic Signature of Signing Officer/Director Detail

Date