

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000003620

**Entity Name:** K ONE HEALTH INC

**Current Principal Place of Business:**

9600 JAMAICA DR  
CUTLER BAY, FL 33189

**Current Mailing Address:**

9600 JAMAICA DR  
CUTLER BAY, FL 33189 US

**FEI Number:** 87-4614358

**Certificate of Status Desired:** No

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

VALDIVIA, KETTY  
9600 JAMAICA DR  
CUTLER BAY, FL 33189 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 VALDIVIA, KETTY  
Address 9600 JAMAICA DR  
City-State-Zip: CUTLER BAY FL 33189

*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:** KETTY VALDIVIA

**PRESIDENT**

**01/24/2023**

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

\_\_\_\_\_  
Date