

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000004991

Entity Name: HENRY ODUKOMAIYA MEDICAL SERVICES, PLLC

Current Principal Place of Business:

10576 CORY LAKE DR
TAMPA, FL 33647

Current Mailing Address:

PO BOX 47535
TAMPA, FL 33646-0013 US

FEI Number: 84-4230936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ODUKOMAIYA, HENRY A
10576 CORY LAKE DR
TAMPA, FL 33647 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

Authorized Person(s) Detail :

Title MBR
Name ODUKOMAIYA, HENRY A
Address 10576 CORY LAKE DR
City-State-Zip: TAMPA FL 33647

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HENRY ODUKOMAIYA, MD

OWNER

03/18/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date