

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003353

**Entity Name:** COOEY HEALTH, INC.

**Current Principal Place of Business:**

1222 SE 47TH ST  
UNIT C-1  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1502 QUAIL AVE  
SUNNYVALE, CA 94087 US

**FEI Number:** 85-0733592

**Certificate of Status Desired:** No

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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 D/P  
Name PRAKASAM, PRABHAKARAN  
TAMBARAM  
Address 1222 SE 47TH ST, UNIT C-1  
City-State-Zip: CAPE CORAL FL 33904

Title D/S  
Name GONDI, SRIKANTH  
Address 1502 QUAIL AVE  
City-State-Zip: SUNNYVALE CA 94087

Title CHIEF PRODUCT OFFICER  
Name PUTHANA, SUMAN  
Address 1222 SE 47TH ST, UNIT C-1  
City-State-Zip: CAPE CORAL FL 33904

*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:** SRIKANTH GONDI

CEO

02/26/2023

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

\_\_\_\_\_  
Date