MAY-01-2002(WED) 11:40 SCOTT F. BARNETT

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Jul 08, 2002 8:00 am
Secretary of State
07-08-2002 90228 004 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #- P98000008576

1. Entity Name
Iyata Pharmaceutical, Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
15350 Amberly Drive		15350 Amberly Drive	
Suite, Apt. #, etc. Suite 4711		Suite, Apt. #, etc. Suite 4711	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33647	Country United States	Zip 33647	Country United States

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3202965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Dr. Michael B. Adekunle, M.D.
Street Address (P.O. Box Number is Not Acceptable): 15350 Amberly Drive
Suite 4711
City: Tampa FL Zip Code 33647

☒ 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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Dr. Michael Adekunle, M.D.
STREET ADDRESS	15350 Amberly Drive, Ste. 4711
CITY-ST-ZIP	Tampa, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Michael Adekunle, M.D. 4/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #