

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000011815

Entity Name: ST. JUDE MEDICAL MISSIONS CORP**Current Principal Place of Business:**131 N. MOON AVENUE
SUITES 3 & 4
BRANDON, FL 33510**Current Mailing Address:**13317 FAWN LILY DR
RIVERVIEW, FL 33579 US**FEI Number:** 45-5161064**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OKOYE, G. STANLEY MD, PHD
13317 FAWN LILY DR
RIVERVIEW, FL 33579 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:** G. STANLEY OKOYE, MD, PHD**08/22/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	SEC
Name	OKOYE, G. STANLEY DR.	Name	OKOYE, IFEOMA F DR.
Address	131 N. MOON AVENUE SUITES 3 & 4	Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510	City-State-Zip:	BRANDON FL 33510
Title	OFFICER	Title	OFFICER
Name	OKOYE, CELESTINA UCHE	Name	OKOYE, MICAH EMEKA
Address	131 N. MOON AVENUE SUITES 3 & 4	Address	131 N. MOON AVENUE SUITES 3 & 4
City-State-Zip:	BRANDON FL 33510	City-State-Zip:	BRANDON FL 33510
Title	OFFICER		
Name	OKOYE, CHIOMA MAUREEN		
Address	131 N. MOON AVENUE SUITES 3 & 4		
City-State-Zip:	BRANDON FL 33510		

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: G. STANLEY OKOYE, MD, PHD**MEDICAL DIRECTOR****08/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date