

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008442

**Entity Name:** DRS. KIRAN & PALLAVI PATEL 2017 FAMILY FOUNDATION, INC.**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**5877302894CC****Current Principal Place of Business:**5600 MARINER ST  
TAMPA, FL 33609**Current Mailing Address:**5600 MARINER ST  
TAMPA, FL 33609**FEI Number: APPLIED FOR****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILSON, KARREN  
5600 MARINER ST  
STE 200  
TAMPA, FL 33609 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: KARREN WILSON****04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title D  
Name PATEL, KIRAN C DR  
Address 5600 MARINER ST  
City-State-Zip: TAMPA FL 33609Title D  
Name PATEL, PALLAVI K DR  
Address 5600 MARINER ST  
City-State-Zip: TAMPA FL 33609Title D  
Name PATEL, SHEETAL K DR  
Address 5600 MARINER ST  
City-State-Zip: TAMPA FL 33609Title D  
Name JUDD, SONALI K DR  
Address 5600 MARINER ST  
City-State-Zip: TAMPA FL 33609Title D  
Name PATEL, SHILEN  
Address 5600 MARINER ST  
City-State-Zip: TAMPA FL 33609

*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: SHILEN PATEL****D****04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date