

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000067857

**Entity Name:** KIMBERLY GRAY-WHITE M.D. P.A.

**Current Principal Place of Business:**

508 W DR MARTIN LUTHER KING JR BLVD  
SUITE A  
TAMPA, FL 33603

**Current Mailing Address:**

2814 W BARCELONA  
TAMPA, FL 33629 US

**FEI Number:** 32-0416059

**Certificate of Status Desired:** Yes

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

GRAY-WHITE, KIMBERLY M.D.  
2814 W BARCELONA  
TAMPA, FL 33629 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 P  
Name GRAY-WHITE, KIMBERLY  
Address 2814 W BARCELONA  
City-State-Zip: TAMPA FL 33629

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:** KIMBERLY GRAY-WHITE

**PRES**

**04/21/2023**

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

\_\_\_\_\_  
Date