

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000069110

**Entity Name:** SHREYA HEALTH OF FLORIDA, INC

**Current Principal Place of Business:**

1201 PUERTA DEL SOL  
SUITE 209  
SAN CLEMENTE, CA 92673

**Current Mailing Address:**

PO BOX 5705  
SAN CLEMENTE, CA 92674 US

**FEI Number: 36-4795542**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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            PRESIDENT  
Name            PURBEY, PRADIP KUMAR  
Address        PO BOX 5705  
City-State-Zip: SAN CLEMENTE CA 92674

*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: PRADIP KUMAR PURBEY**

**PRESIDENT**

**03/16/2021**

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

\_\_\_\_\_  
Date