

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000100276

Entity Name: EMEKA J. OKOLI, M.D., P.A.

Current Principal Place of Business:

11718 FITCHWOOD CIRC
JACKSONVILLE, FL 32258

Current Mailing Address:

11718 FITCHWOOD CIRC
JACKSONVILLE, FL 32258 US

FEI Number: 47-2630847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OKOLI, EMEKA J
11718 FITCHWOOD CIRC
JACKSONVILLE, FL 32258 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 PSTD
Name OKOLI, EMEKA J M.D.,PA
Address 11718 FITCHWOOD CIRC
City-State-Zip: JACKSONVILLE FL 32258

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: EMEKA J OKOLI

PRESIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date