

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000100276

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

Current Principal Place of Business:

569 EAST KESLEY LANE
SAINT JOHNS, FL 32259

Current Mailing Address:

569 EAST KESLEY LANE
SAINT JOHNS, FL 32259 US

FEI Number: 47-2630847

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OKOLI, EMEKA J
569 EAST KESLEY LANE
SAINT JOHNS, FL 32259 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 569 EAST KESLEY LANE
City-State-Zip: SAINT JOHNS FL 32259

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

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date