

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000001045

**Entity Name:** DR. OBIOMA OGBONNA, INC.

**Current Principal Place of Business:**

1000 PATRIOT LANE,  
APT 330  
CRESTVIEW , FL 32539

**Current Mailing Address:**

14308 CAPRIDGE ROAD  
ALEDO, TX 76008 US

**FEI Number:** 81-4946229

**Certificate of Status Desired:** No

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

OGBONNA, CHIOMA P  
1000 PATRIOT LN., #330  
CRESTVIEW, FL 32539 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	Title	S/T
Name	OGBONNA, OBIOMA	Name	OGBONNA, OBIOMA
Address	1000 PATRIOT LN., #330	Address	1000 PATRIOT LN., #330
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	CRESTVIEW FL 32539

*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:** OGBONNA, OBIOMA

**MANAGER**

**03/01/2023**

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

\_\_\_\_\_  
Date