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

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P17000001045

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

## 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

#### Officer/Director Detail :

Ρ	Title	S/T
OGBONNA, OBIOMA	Name	OGBONNA, OBIOMA
1000 PATRIOT LN., #330	Address	1000 PATRIOT LN., #330
CRESTVIEW FL 32539	City-State-Zip:	CRESTVIEW FL 32539
	P OGBONNA, OBIOMA 1000 PATRIOT LN., #330	PTitleOGBONNA, OBIOMAName1000 PATRIOT LN., #330Address

FILED Apr 19, 2024 Secretary of State 5708312302CC

Certificate of Status Desired: No

MANAGER

Date

Date