

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000038397

**Entity Name:** MAGNANIMITY RESOURCE HEALTH INC.

**Current Principal Place of Business:**

5401 WEST KENNEDY BOULEVARD  
SUITE 100  
TAMPA, FL 33609

**FILED**  
**Mar 10, 2025**  
**Secretary of State**  
**6449970573CC**

**Current Mailing Address:**

6484 LAUREL OAK DRIVE  
1A  
SPRING HILL, FL 34607 US

**FEI Number:** 88-2229598

**Certificate of Status Desired:** No

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

CLIPPS, ERICA H  
6484 LAUREL OAK DR  
1A  
SPRING HILL, FL 34607 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  
Name            MAGNANIMITY RESOURCE HEALTH  
Address        5401 WEST KENNEDY BOULEVARD  
                  SUITE 100  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            CLIPPS, ERICA H  
Address        5401 WEST KENNEDY BOULEVARD  
                  SUITE 100  
City-State-Zip: TAMPA FL 33609

*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:** ERICA CLIPPS

VP

03/10/2025

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

\_\_\_\_\_  
Date