

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002757

Entity Name: KASHI CLINICAL LABORATORIES, INC

Current Principal Place of Business:

10101 SW BARBUR BLVD
SUITE 200
PORTLAND, OR 97219

Current Mailing Address:

10101 SW BARBUR BLVD
SUITE 200
PORTLAND, OR 97219 US

FEI Number: 20-4562165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASHI, ZAHRA
1609 SE 28TH TERRACE
CAPE CORAL, FL 33904 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 D
Name MEHDIZADEHKASHI, ZAHRA
Address 10101 SW BARBUR BLVD SUITE 200
City-State-Zip: PORTLAND OR 97219

Title O
Name MEHDIZADEHKASHI, ZAHRA
Address 10101 SW BARBUR BLVD SUITE 200
City-State-Zip: PORTLAND OR 97219

Title S
Name SHARIFI, HADI
Address 10101 SW BARBUR BLVD SUITE 200
City-State-Zip: PORTLAND OR 97219

Title T
Name MEHDIZADEHKASHI, ALI
Address 10101 SW BARBUR BLVD
City-State-Zip: PORTLAND OR 97219

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: ZAHRA MEHDIZADEHKASHI

CEO

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date