

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005646

**Entity Name:** ONCOBAY CLINICAL, INC.

**Current Principal Place of Business:**

10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
TAMPA, FL 33612

**FILED**  
**Apr 20, 2021**  
**Secretary of State**  
**9808305131CC**

**Current Mailing Address:**

10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
TAMPA, FL 33612 US

**FEI Number: 84-3412796**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 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 CHAIR/DIRECTOR  
Name DUYK, GEOFFEY M PHD, MD  
Address 10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR/SECRETARY  
Name DE LA PARTE, L. DAVID  
Address 10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name MULE, JAMES J PHD  
Address 10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
City-State-Zip: TAMPA FL 33612

Title TREASURER/DIRECTOR  
Name TREMONTI, YVETTE L.  
Address 10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name PRINCE, BRIAN MBA  
Address 10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
City-State-Zip: TAMPA FL 33612

Title PRESIDENT/CHIEF EXECUTIVE  
OFFICER/DIRECTOR  
Name KOWALCZYK, KRYSZYNA  
Address 10902 MCKINLEY DRIVE  
MAIL STOP MIOMS 242A  
City-State-Zip: TAMPA FL 33612

*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: DE LA PARTE , L. DAVID**

**DIRECTOR/SECRETARY**

**04/20/2021**

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

\_\_\_\_\_  
Date