

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000011798

**Entity Name:** ST. MAGNUS UNIVERSITY OF SCIENCE & RESEARCH, INC.

**Current Principal Place of Business:**

7901 4TH ST N  
17023  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N  
17023  
ST. PETERSBURG, FL 33702 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N  
300  
ST. PETERSBURG, FL 33702 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 RICHEY, ALI-RASHAD  
Address 6070 MONTLAKE AVE,  
City-State-Zip: MCDONOUGH GA 30253

Title VP  
Name INSA COMMUNITY & EDUCATION  
SOLUTIONS, LLC  
Address 1800 JONESBORO RD  
City-State-Zip: ATLANTA GA 30315

Title S  
Name OCUPREP MEDICAL INSTITUTE, LLC  
Address 1800 JONESBORO RD  
City-State-Zip: ATLANTA GA 30315

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHEY , ALI-RASHAD**

**PRESIDENT**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date