

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000001016

Entity Name: KENZO J. KOIKE, M.D., P.A.

Current Principal Place of Business:

11512 MEAD AVENUE STE 534
JACKSONVILLE, FL 32256

Current Mailing Address:

11512 MEAD AVENUE STE 534
JACKSONVILLE, FL 32256 US

FEI Number: 86-1426543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOIKE, KENZO J
11512 MEAD AVENUE STE 534
JACKSONVILLE, FL 32256 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 PD
Name KOIKE, KENZO
Address 11512 MEAD AVENUE STE 534
City-State-Zip: JACKSONVILLE FL 32256

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: KOIKE, KENZO

MANAGER

01/24/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date