

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L86811

**Entity Name:** REBEKAH RIVERS, P.A.

**Current Principal Place of Business:**

414 SUMMERBROKE DR.  
TALLAHASSEE, FL 32312-6726

**Current Mailing Address:**

414 SUMMERBROKE DR.  
TALLAHASSEE, FL 32312-6726 US

**FEI Number:** 65-0213836

**Certificate of Status Desired:** No

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

RIVERS, REBEKAH  
414 SUMMERBROKE DR.  
TALLAHASSEE, FL 32312-6726 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            PTD  
Name            RIVERS, EUGENE G.  
Address        414 SUMMERBROKE DR.  
City-State-Zip: TALLAHASSEE FL 32312-6726

Title            VSD  
Name            RIVERS, REBEKAH  
Address        414 SUMMERBROKE DR.  
City-State-Zip: TALLAHASSEE FL 32312-6726

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:** REBEKAH RIVERS

VSD

04/21/2014

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

\_\_\_\_\_  
Date