

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L86811

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

**Current Principal Place of Business:**

1520 KILLEARN CENTER BLVD.  
SUITE 100  
TALLAHASSEE, FL 32309-3702

**Current Mailing Address:**

P O BOX 16607  
TALLAHASSEE, FL 32317 US

**FEI Number:** 65-0213836

**Certificate of Status Desired:** No

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

RIVERS, REBEKAH  
1520 KILLEARN CENTER BLVD.  
SUITE 100  
TALLAHASSEE, FL 32309-3702 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            PRESIDENT  
Name            RIVERS, REBEKAH  
Address        P O BOX 16607  
City-State-Zip: TALLAHASSEE FL 32317

Title            VP  
Name            RIVERS, EUGENE  
Address        P O BOX 16607  
City-State-Zip: TALLAHASSEE FL 32317

*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 L. RIVERS

**REGISTERED AGENT**

**01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date