

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000018373

**Entity Name:** LAUREN LUCAS, PH.D., P.A.

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD  
165  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD  
165  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3558751

**Certificate of Status Desired:** No

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

LUCAS HOFFMAN, LAUREN  
9838 OLD BAYMEADOWS RD  
UNIT 165  
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 DPST  
Name LUCAS HOFFMAN, LAUREN  
Address 8277 RIDING CLUB ROAD EAST  
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:** LAUREN LUCAS HOFFMAN

**REGISTERED AGENT**

**01/11/2024**

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

\_\_\_\_\_  
Date