

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32818

Entity Name: JEAN C. COKER, P.A.

FILED  
Jan 31, 2011  
Secretary of State

**Current Principal Place of Business:**

6622 SOUTHPOINT DRIVE SOUTH  
SUITE #160  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

% JEAN C. COKER  
6622 SOUTHPOINT DR. S., SUITE 160  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2467636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COKER, JEAN C.  
1118 HOLLY LANE  
JACKSONVILLE, FL 32207 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: COKER, JEAN C.  
Address: 1118 HOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: AS  
Name: LEN, DIANA M  
Address: 2991 NORTH FIRST ST  
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: AST  
Name: COKER, ELIZABETH A  
Address: 1118 HOLLY LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: JEAN C. COKER

DPS

01/31/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date