

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168104

Entity Name: CAROLYN S. GIVENS, PA

FILED  
Mar 22, 2012  
Secretary of State

**Current Principal Place of Business:**

8746 HWY 674 EAST  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 142  
WIMAUMA, FL 33598

**New Mailing Address:**

FEI Number: 20-4004419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIVENS, CAROL  
8746 HWY 674 EAST  
WIMAUMA, FL 33598 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: DPT  
Name: GIVENS, CAROL  
Address: 8746 HWY 674 EAST  
City-St-Zip: WIMAUMA, FL 33598

Title: DVPS  
Name: GIVENS, RONNIE  
Address: 8746 HWY 674 EAST  
City-St-Zip: WIMAUMA, FL 33598

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: CAROL GIVENS

DPT

03/22/2012

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

\_\_\_\_\_ Date