

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602125

**FILED  
Apr 04, 2022  
Secretary of State  
3787229068CC**

**Entity Name:** JONES FOSTER P.A.

**Current Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 59-1292566

**Certificate of Status Desired:** No

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 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           DIRECTOR, CHAIRMAN/PRESIDENT  
Name           ALEXANDER, LARRY B  
Address       505 SOUTH FLAGLER DRIVE, SUITE  
                  1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title           DIRECTOR, VICE CHAIRMAN/VICE  
                  PRESIDENT  
Name           HAWKINS, SCOTT G  
Address       505 SOUTH FLAGLER DRIVE, SUITE  
                  1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title           DIRECTOR/SECRETARY  
Name           KYPREOS, THEODORE S  
Address       505 SOUTH FLAGLER DRIVE, SUITE  
                  1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title           DIRECTOR/TREASURER  
Name           BOWERS, DAVID E  
Address       505 SOUTH FLAGLER DRIVE, SUITE  
                  1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title           DIRECTOR  
Name           SACHS, PETER A  
Address       505 SOUTH FLAGLER DRIVE, SUITE  
                  1100  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** LARRY B. ALEXANDER

**PRESIDENT**

**04/04/2022**

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

\_\_\_\_\_  
Date