

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H32818

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

**Current Principal Place of Business:**

6622 SOUTHPOINT DRIVE SOUTH  
SUITE #160  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

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

**FEI Number:** 59-2467636

**Certificate of Status Desired:** No

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

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

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

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

*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

**PRESIDENT**

**02/15/2015**

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

\_\_\_\_\_ Date