

**2023 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	Title	AS
Name	COKER, JEAN C.	Name	LEN, DIANA M
Address	1118 HOLLY LANE	Address	2991 NORTH FIRST ST
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	ST. AUGUSTINE FL 32085

*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

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date