

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085351

**Entity Name:** JOHN J. COLEMAN, D.P.M., P.A.

**Current Principal Place of Business:**

159 NORTH THIRD STREET  
MACCLENNY, FL 32063

**Current Mailing Address:**

159 NORTH THIRD STREET  
MACCLENNY, FL 32063

**FEI Number: 59-3670364**

**Certificate of Status Desired: No**

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

COLEMAN, JOHN JDPM  
159 NORTH THIRD STREET  
MACCLENNY, FL 32063 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            D  
Name            COLEMAN, JOHN JDPM  
Address        159 NORTH THIRD STREET  
City-State-Zip: MACCLENNY FL 32063

Title            PST  
Name            COLEMAN, JOHN JDPM  
Address        159 NORTH THIRD STREET  
City-State-Zip: MACCLENNY FL 32063

*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: JOHN COLEMAN**

**PRESIDENT**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date