## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089961

Entity Name: JENNIFER L. BROWN-JACKSON D.M.D., P.A.

Maille. JENNIFER L. BROWN-JACKSON D.W.D., F

**Current Principal Place of Business:** 

410 N MAIN ST STE 5 CHIEFLAND, FL 32626

**Current Mailing Address:** 

410 N MAIN ST STE 5 CHIEFLAND, FL 32626

FEI Number: 59-3755314 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN-JACKSON, JENNIFER L DMD,PA 410 N MAIN ST STE 5 CHIEFLAND, FL 32626 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: JENNIFER L. BROWN-JACKSON 02/12/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title P Title V

Name BROWN-JACKSON, JENNIFER L. DMD Name JACKSON, SCOTT R

Address 410 N. MAIN ST. SUITE#5 Address 410 N. MAIN ST. SUITE#5

City-State-Zip: CHIEFLAND FL 32626 City-State-Zip: CHIEFLAND FL 32626

Title ST

Name BROWN, JASON M

Address 410 N. MAIN ST. SUITE#5 City-State-Zip: CHIEFLAND FL 32626

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: JENNIFER L. BROWN-JACKSON

**PRESIDENT** 

02/12/2025

FILED Feb 12, 2025

**Secretary of State** 

3662324636CC

Date

Electronic Signature of Signing Officer/Director Detail

Date