**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 22, 2014**
**Secretary of State**
**CC8352905023**

DOCUMENT# P01000089961

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

**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 LDMD 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | V |
| Name | BROWN-JACKSON, JENNIFER LDMD | 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 BROWN-JACKSON OWNER/PRESIDENT 03/22/2014

Electronic Signature of Signing Officer/Director Detail — Date