

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016210

**Entity Name:** NANCY OTTEN, P.A.

**Current Principal Place of Business:**

2829 48TH ST S  
GULFPORT, FL 33711

**Current Mailing Address:**

2829 48TH ST S  
GULFPORT, FL 33711 US

**FEI Number:** 03-0401353

**Certificate of Status Desired:** No

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

OTTEN, NANCY  
2829 48TH ST S  
GULFPORT, FL 33711 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 PSD  
Name OTTEN, NANCY  
Address 2829 48TH ST S  
City-State-Zip: GULFPORT FL 33711

*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:** NANCY OTTEN

**PRESIDENT**

**04/22/2023**

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

\_\_\_\_\_  
Date