

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000168104

Entity Name: CAROLYN S. GIVENS, PA

Current Principal Place of Business:

8746 HWY 674 EAST
WIMAUMA, FL 33598

Current Mailing Address:

PO BOX 142
WIMAUMA, FL 33598

FEI Number: 20-4004419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIVENS, CAROL
8746 HWY 674 EAST
WIMAUMA, FL 33598 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 DPT
Name GIVENS, CAROL
Address 8746 HWY 674 EAST
City-State-Zip: WIMAUMA FL 33598

Title DVPS
Name GIVENS, RONNIE
Address 8746 HWY 674 EAST
City-State-Zip: WIMAUMA FL 33598

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: CAROLYN S GIVENS

DPT

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date