

**2015 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

**FILED**  
**Mar 01, 2015**  
**Secretary of State**  
**CC9718206882**

**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**

**PRESIDENT**

**03/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date