

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023290

**Entity Name:** DENA L. ATKINS, PA

**Current Principal Place of Business:**

829 1ST ST S. #3E  
JACKSONVILLE BCH, FL 32250

**Current Mailing Address:**

829 1ST ST. S. #3E  
JACKSONVILLE BCH, FL 32250

**FEI Number:** 20-8561972

**Certificate of Status Desired:** No

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

ATKINS, DENA L  
829 1ST ST. S. #3E  
JACKSONVILLE BCH, FL 32250 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 PDST  
Name ATKINS, DENA L  
Address 829 1ST ST. S. #3E  
City-State-Zip: JACKSONVILLE BCH FL 32250

*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:** DENA L.ATKINS

PDST

04/22/2014

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

\_\_\_\_\_ Date