

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109530

**Entity Name:** KATHLEEN ANN PERKINS, P.A.

**Current Principal Place of Business:**

6985 WALLACE ROAD  
ORLANDO, FL 32819

**Current Mailing Address:**

6985 WALLACE ROAD  
ORLANDO, FL 32819 US

**FEI Number: 26-3902906**

**Certificate of Status Desired: No**

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

PERKINS, KATHLEEN  
6985 WALLACE ROAD  
ORLANDO, FL 32819 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           DPS  
Name           PERKINS, KATHLEEN  
Address        6985 WALLACE ROAD  
City-State-Zip: ORLANDO FL 32819

*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: KATHLEEN PERKINS**

**PRESIDENT**

**01/14/2019**

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

\_\_\_\_\_  
Date