

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000052132

**Entity Name:** BARBARA-ANN BRITTEN, M.D., P.A.

**Current Principal Place of Business:**

1048 GOODLETTE ROAD NORTH  
SUITE 102  
NAPLES, FL 34102

**Current Mailing Address:**

1048 GOODLETTE ROAD NORTH  
SUITE 102  
NAPLES, FL 34102 US

**FEI Number:** 45-5484899

**Certificate of Status Desired:** No

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

BRITTEN, BARBARA-ANN MD  
164 STARFISH CT  
MARCO ISLAND, FL 34145 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            VICE PRESIDENT/TREASURER  
Name            BRITTEN, THOMAS L  
Address        164 STARFISH COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title            PRESIDENT/SECRETARY  
Name            BRITTEN, BARBARA-ANN DR.  
Address        164 STARFISH COURT  
City-State-Zip: MARCO ISLAND FL 34145

*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:** BARBARA-ANN BRITTEN, MD

**PRESIDENT/OWNER**

**04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date