



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 600277</b>	
1. Entity Name RICHMAN GREER, PROFESSIONAL ASSOCIATION	

Principal Place of Business MIAMI CENTER 201 S. BISCAYNE BLVD., SUITE 1000 MIAMI, FL 33131 US	Mailing Address MIAMI CENTER 201 S. BISCAYNE BLVD., SUITE 1000 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1172536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BRUMBAUGH, JOHN M  
MIAMI CENTER  
201 S. BISCAYNE BLVD., SUITE 1000  
MIAMI, FL 33131

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

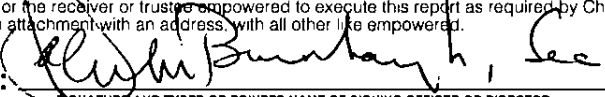
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHMAN, GERALD F. MIAMI CENTER, 201 S. BISCAYNE BLVD., 10 FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIL, KENNETH J MAIMI CENTER, 201 S. BISCAYNE BLVD, 10 FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP BRUMBAUGH, JOHN M. MIAMI CENTER, 201 S. BISCAYNE BLVD., 10 FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREER, ALAN G MIAMI CENTER, 201 S. BISCAYNE BLVD, 10 FLO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP JOHNSON, CHARLES H MIAMI CETER 201 S. BISCAYNE BLVD. 10F MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CHRISTENSEN, BRUCE A 201 S. BISCAYNE BLVD. 10 FLOOR MIAMI, FL 33131

U00000852474  
03/26/08-80030-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **John M Brumbaugh**

Date: **3/5/08** Daytime Phone #: **305 373 4000**