

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K80979

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** A. MICHAEL BROSS, P.A.

**Current Principal Place of Business:**

997 S WICKHAM RD  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

997 S WICKHAM RD  
W MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 59-2942843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIES, G. PHILIP J ESQ.  
202 N. HARBOR CITY BOULEVARD  
101  
MELBOURNE, FL 32935 US

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

ZIES, G. PHILIP J ESQ.  
1990 W. NEW HAVEN AVENUE  
201  
MELBOURNE, FL 32904 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: /G. PHILIP J. ZIES/

08/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BROSS, AARON MICHAEL  
Address: 3438 CAPPIO DRIVE  
City-St-Zip: MELBOURNE, FL 32940

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: /A. MICHAEL BROSS/

PSTD

08/28/2012

Electronic Signature of Signing Officer or Director

Date