

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076813

FILED
Jun 22, 2011
Secretary of State

Entity Name: STEINGER,ISCOE,GREENE & MCAFEE, P.A.

Current Principal Place of Business:

200 W. CYPRESS CREEK ROAD
SUITE 230
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

200 W. CYPRESS CREEK ROAD
SUITE 230
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-3196914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAFEE, WILLIAMS J ESQ.
200 W. CYPRESS CREEK ROAD
SUITE 230
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: STEINGER, MICHAEL S ESQ.
Address: 1645 PLAM BEACH LAKES BLVD., 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: ISCOE, GARY T ESQ.
Address: 1645 PLAM BEACH LAKES BLVD., 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: GREENE, SEAN J ESQ.
Address: 507 NW LAKE WHITNEY PLACE, SUITE 104
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: MCAFEE, WILLIAM J ESQ.
Address: 200 W. CYPRESS CREEK ROAD, SUITE 230
City-St-Zip: FORT LAUDERDALE, FL 33309

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: WILLIAM J. MCAFEE

VP

06/22/2011

Electronic Signature of Signing Officer or Director

Date