

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157212

Entity Name: JOHN C. SEIPP, JR., P.A.

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

TWO ALHAMBRA PLAZA, STE. 800  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

TWO ALHAMBRA PLAZA  
SUITE 800  
CORAL GABLES, FL 33134

## **Current Mailing Address:**

TWO ALHAMBRA PLAZA, STE. 800  
CORAL GABLES, FL 33134

## **New Mailing Address:**

TWO ALHAMBRA PLAZA  
SUITE 800  
CORAL GABLES, FL 33134

FEI Number: 20-8095575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146 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: DPS  
Name: SEIPP, JOHN C. JR.  
Address: TWO ALHAMBRA PLAZA, STE. 800  
City-St-Zip: CORAL GABLES, FL 33134

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: JOHN C. SEIPP, JR.

MR.

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date