

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009011

**Entity Name:** I AM ADAPTIVE, INC.

**Current Principal Place of Business:**

550 SE BROOKSIDE TERRACE  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

550 SE BROOKSIDE TERRACE  
PORT ST. LUCIE, FL 34983

**FEI Number:** 47-1875964

**Certificate of Status Desired:** No

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

DIETZ, APRIL A  
550 SE BROOKSIDE TERRACE  
PORT ST. LUCIE, FL 34983 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 PD  
Name CRUZ, MARILYN  
Address 550 SE BROOKSIDE TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title TD  
Name TRETHRICK, ELLYSE A  
Address 550 SE BROOKSIDE TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title SD  
Name DIETZ, APRIL A  
Address 550 SE BROOKSIDE TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34983

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELLYSE TRETHRICK

VP/TD

05/01/2016

Electronic Signature of Signing Officer/Director Detail

Date