

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50473

**FILED**  
**Feb 15, 2014**  
**Secretary of State**  
**CC9925054108**

**Entity Name:** ASSOCIATION OF SOUTH FLORIDA MEDIATORS & ARBITRATORS, INC.

**Current Principal Place of Business:**

C/O JEROME R. SIEGEL,P.A.  
6400 N. ANDREWS AVE., STE 505  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

C/O JEROME R. SIEGEL,P.A.  
6400 N. ANDREWS AVE., STE 505  
FORT LAUDERDALE, FL 33309

**FEI Number: 65-0355827**

**Certificate of Status Desired: No**

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

FISCHLER, MICHAEL A.  
1000 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316 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	PRE	Title	TD
Name	JULIA-MILES, ISABEL	Name	SIEGEL, JEROME R
Address	370 W. CAMINO GARDENS BLVD., STE300	Address	6400 N. ANDREWS AVE., STE. 460
City-State-Zip:	BOCA RATON FL 33432	City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEROME R SIEGEL**

**SECRETARY**

**02/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date