

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601734

**Entity Name:** SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC9369181884**

**Current Principal Place of Business:**

4400 PGA BLVD  
STE 603  
PALM BCH GARDENS, FL 33410

**Current Mailing Address:**

4400 PGA BLVD  
STE 603  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 59-1280898**

**Certificate of Status Desired: No**

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

BARRA, RICHARD K  
4400 PGA BOULEVARD, SUITE 603  
PALM BCH. GDNS., FL 33410 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            PRESIDENT, DIRECTOR  
Name            BARRA, RICHARD K  
Address        4400 PGA BOULEVARD, SUITE 603  
City-State-Zip: PALM BCH GDNS. FL 33410

Title            VP, TREASURER, DIRECTOR  
Name            JORGENSEN, JOHN M  
Address        4400 PAG BOULEVARD, SUITE 603  
City-State-Zip: PALM BCH GDNS FL 33410

Title            VP, DIRECTOR  
Name            BULL, STEPHEN B  
Address        4400 PGA BOULEVARD STE 603  
City-State-Zip: PALM BCH GDNS FL 33410

Title            DIRECTOR, SECRETARY, VP  
Name            JACKSON, CYNTHIA J  
Address        4400 PGA BLVD  
                  STE 603  
City-State-Zip: PALM BCH GARDENS FL 33410

*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: RICHARD K. BARRA**

**PRESIDENT**

**03/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date