

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601864

**Entity Name:** NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.**Current Principal Place of Business:**1645 PALM BCH LKS BLVD  
SUITE 1200  
WEST PALM BCH, FL 33401**Current Mailing Address:**1645 PALM BCH LKS BLVD  
SUITE 1200  
WEST PALM BCH, FL 33401**FEI Number:** 59-1280063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE II, JOHN  
1645 PALM BEACH LAKES BLVD.  
STE 1200  
WEST PALM BEACH, FL 33401 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 DS  
Name ARMOUR, ALAN II  
Address 1645 PALM BCH LKS BLVD #1200  
City-State-Zip: WEST PALM BCH FL 33401

Title DAVP  
Name PACHMAN, MARK A  
Address 1645 PALM BCH LKS BLVD #1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title DVP  
Name NASON, NATHAN E  
Address 1645 PALM BCH LKS BLVD #1200  
City-State-Zip: WEST PALM BCH. FL 33401

Title DCB  
Name WHITE, JOHN II  
Address 1645 PALM BCH LAKES #1200  
City-State-Zip: WEST PALM BCH. FL

Title DCFO  
Name LIOCE, DOMENICK R  
Address 1645 PALM BCH LKS BLVD #1200  
City-State-Zip: WEST PALM BCH FL 33401

Title DP  
Name GERSON, GARY N  
Address 1645 PALM BCH LKS BLVD #1200  
City-State-Zip: W PALM BCH FL 33401

Title DIRECTOR, TREASURER  
Name HARDING, GEORGE E  
Address 1645 PALM BCH LKS BLVD  
SUITE 1200  
City-State-Zip: WEST PALM BCH FL 33401

Title DIRECTOR, ASSISTANT TREASURER  
Name HARRIS, MICHAEL D  
Address 1645 PALM BCH LKS BLVD  
SUITE 1200  
City-State-Zip: WEST PALM BCH FL 33401

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*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:** DOMENICK R. LIOCE

D

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASST. SECRETARY
Name	HICKEY, BRIAN C
Address	1645 PALM BCH LKS BLVD SUITE 1200
City-State-Zip:	WEST PALM BCH FL 33401