

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602357

Entity Name: GRAYROBINSON, P.A.**Current Principal Place of Business:**301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801**Current Mailing Address:**P O BOX 3068
ORLANDO, FL 32802**FEI Number: 59-1300132****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARSHALL, BYRD F. JR
301 E PINE ST SUITE 1400
ORLANDO, FL 32801 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	DP
Name	MARSHALL, BYRD F JR
Address	301 E PINE STREET, SUITE 1400
City-State-Zip:	ORLANDO FL 32801

Title	DT
Name	FINCH, PHILIP R
Address	301 E PINE STREET, SUITE 1400
City-State-Zip:	ORLANDO FL 32801

Title	DS
Name	PRICE, PAMELA O.
Address	301 E PINE STREET, SUITE 1400
City-State-Zip:	ORLANDO FL 32801

Title	DVAS
Name	ROBINSON, RICHARD M.
Address	301 E PINE STREET, SUITE 1400
City-State-Zip:	ORLANDO FL 32801

Title	DC
Name	GRAY, J CHARLES
Address	301 E PINE STREET, SUITE 1400
City-State-Zip:	ORLANDO FL 32801

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: BYRD F. MARSHALL, JR.**PRESIDENT****01/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date