

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603661

**Entity Name:** SULLIVAN, ADMIRE & SULLIVAN, PROFESSIONAL  
ASSOCIATION

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC4133608098**

**Current Principal Place of Business:**

2555 PONCE DE LEON BLVD.  
SUITE 320  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2555 PONCE DE LEON BLVD.  
SUITE 320  
CORAL GABLES, FL 33134

**FEI Number: 59-1408234**

**Certificate of Status Desired: No**

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

ADMIRE, JACK G  
2555 PONCE DE LEON BLVD.  
SUITE 320  
CORAL GABLES, FL 33134 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 ADMIRE, JACK G  
Address 2555 PONCE DE LEON BLVD., STE  
320  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name SULLIVAN, JOHN CJR.  
Address 2555 PONCE DE LEON BLVD., STE  
320  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name ADMIRE, JOHN G  
Address 2555 PONCE DE LEON BLVD., STE  
320  
City-State-Zip: CORAL GABLES FL 33134

*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: JACK G. ADMIRE**

**PD**

**01/21/2014**

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

\_\_\_\_\_  
Date