

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603751

Entity Name: KEITH AND SCHNARS, P.A.**Current Principal Place of Business:**6500 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**Current Mailing Address:**6500 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**FEI Number:** 59-1406307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KALAYCI, ERROL S
6500 N ANDREWS AVE
FT. LAUDERDALE, FL 33309 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 VPD
Name KALAYCI, ERROL
Address 6500 N ANDREWS AVE.
City-State-Zip: FORT LAUDERDALE FL 33309

Title VPDS
Name MOSHIER, MARK
Address 6500 N ANDREWS AVE.
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name KRISAK, ROBERT
Address 6500 N ANDREWS AVE
City-State-Zip: FORT LAUDERDALE FL 33309

Title VPD
Name REED, BRUCE
Address 6500 N ANDREWS AVE
City-State-Zip: FORT LAUDERDALE FL 33309

Title PCEO
Name KALAYCI, TANZER
Address 6500 NORTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name HALL, TIM
Address 6500 NORTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP
Name KALAYCI, TIM S
Address 6500 NORTH ANDREWS AVENUE
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERROL KALAYCI

VPD

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date