

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02607

**Entity Name:** PALMER & PALMER P.A.

**Current Principal Place of Business:**

FALLS PROFESSIONAL CENTER  
12790 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

**Current Mailing Address:**

FALLS PROFESSIONAL CENTER  
12790 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156

**FEI Number:** 59-2082510

**Certificate of Status Desired:** No

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

PALMER, PAUL  
12790 S DIXIE HWY  
MIAMI, FL 33156 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 P  
Name PALMER, PAUL  
Address 12790 S DIXIE HWY  
City-State-Zip: MIAMI FL

*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:** PAUL PALMER

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date