

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11669

**Entity Name:** NORMAN T. ROBERTS, P.A.

**Current Principal Place of Business:**

NORMAN T ROBERTS  
50 W MASHTA DRIVE, STE 4  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

NORMAN T ROBERTS  
50 W MASHTA DRIVE, STE 4  
KEY BISCAYNE, FL 33149

**FEI Number:** 59-2047667

**Certificate of Status Desired:** No

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

ROBERTS, NORMAN T. ESQ.  
50 W MASHTA DRIVE, SUITE 4  
KEY BISCAYNE, FL 33149 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:** NORMAN T. ROBERTS

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name ROBERTS, NORMAN T  
Address 50 WEST MASHTA DR., STE. 4  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** NORMAN T ROBERTS

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date