

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F44036

**Entity Name:** ADELE KATES, M. ED., AND ASSOCIATES, P.A.

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC7698804994**

**Current Principal Place of Business:**

1380 N.E. MIAMI GARDENS DRIVE  
SUITE 242  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1380 N.E. MIAMI GARDENS DRIVE  
SUITE 242  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number: 59-2124375**

**Certificate of Status Desired: No**

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

KATES, CHARLES H  
19190 N.E.21 COURT  
NORTH MIAMI BEACH, FL 33179 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            MRS.  
Name            KATES, ADELE M.ED.  
Address        1380 N.E. MIAMI GARDENS DRIVE  
                  SUITE 242  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title            DR.  
Name            KATES, CHARLES HD.D.S.  
Address        19190 N.E. 21 COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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: ADELE KATES**

**PRESIDENT**

**02/28/2014**

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

\_\_\_\_\_  
Date