Entity Name: CALER, DONTEN, LEVINE, COHEN, PORTER & VEIL, P.A.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401

DOCUMENT# J80135

Current Mailing Address:

505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 US

FEI Number: 59-2831281

Name and Address of Current Registered Agent:

CALER, WILLIAM K JR. 505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the surges of changing its registered office or registered agent, or both in the State of Elevida

The above named	d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.				
SIGNATURE	E WILLIAM K CALER JR.		04/29/20	015			
	Electronic Signature of Registered Agent		Date				
Officer/Director Detail :							
Title	VP, DIRECTOR	Title	VP, DIRECTOR				
Name	DONTEN, DAVID S	Name	LEVINE, JOEL H				
Address	2334 PALM HARBOUR DR	Address	2050 SUNDERLAND AVENUE				
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	WELLINGTON FL 33414				
Title	VP, DIRECTOR	Title	VP, DIRECTOR				
Name	VEIL, MARK D	Name	PORTER, SCOTT L				
Address	107 WOODSMUIR COURT	Address	14211 LITTLE CYPRESS CIRCLE				
City-State-Zip:	PALM BCH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33410				
Title	SECRETARY, DIRECTOR	Title	PRESIDENT, DIRECTOR				
Name	CALER, WILLIAM K JR.	Name	COHEN, LOUIS M				
Address	234 DYER RD	Address	732 SANDY POINT LANE				
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	PALM BEACH GARDENS FL 33410				
Title	TREASURER	Title	VP				
Name	MULLEN, JAMES F IV	Name	PENCE, THOMAS A				
Address	2904 NORTH MILLER DRIVE	Address	7535 SE FOREST OAK LANE				
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	HOBE SOUND FL 33455				
		O					

Continues on page 2

TREASURER

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: JAMES F. MULLEN IV

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2015 Secretary of State CC0285142726

Certificate of Status Desired: No

04/29/2015 Date

Officer/Director Detail Continued :

Title	VP	Title	VP
Name	COURTNEY, JOHN C	Name	HUTCHISON, JAMES B
Address	505 SOUTH FLAGLER DR, SUITE 900	Address	625 PILOT ROAD
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	NORTH PALM BEACH FL 33408