

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K88115

**FILED  
Jan 06, 2015  
Secretary of State  
CC3739015510**

**Entity Name:** JAMES M. NICHOLAS, P.A.

**Current Principal Place of Business:**

1790 HWY A1A  
STE 202  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

1790 HWY A1A  
STE 202  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 59-2947273

**Certificate of Status Desired:** No

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

NICHOLAS, JAMES M.  
1790 HWY A1A  
STE 202  
SATELLITE BEACH, FL 32937 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            DP  
Name            NICHOLAS, JAMES M.  
Address        1790 HWY A1A STE 202  
City-State-Zip: SATELLITE BEACH FL 32937

Title            ST  
Name            NICHOLAS, JAMES M.  
Address        1790 HWY A1A STE 202  
City-State-Zip: SATELLITE BEACH FL 32937

*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 M. NICHOLAS

**PRESIDENT**

**01/06/2015**

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

\_\_\_\_\_  
Date