

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L77451

**Entity Name:** FULLER, FULLER & ASSOCIATES, P.A.

**Current Principal Place of Business:**

12000 BISCAYNE BOULEVARD  
502  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12000 BISCAYNE BOULEVARD  
502  
NORTH MIAMI, FL 33181 US

**FEI Number:** 65-0180425

**Certificate of Status Desired:** No

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

FULLER, LAWRENCE A.  
12000 BISCAYNE BOULEVARD  
502  
NORTH MIAMI, FL 33181 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            D  
Name            FULLER, LAWRENCE A  
Address        12000 BISCAYNE BOULEVARD, SUITE  
                  502  
City-State-Zip: NORTH MIAMI FL 33181

Title            D  
Name            FULLER, JOHN P  
Address        12000 BISCAYNE BOULEVARD, SUITE  
                  502  
City-State-Zip: NORTH MIAMI FL 33181

*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:** LAWRENCE FULLER

**PRESIDENT**

**05/09/2017**

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

\_\_\_\_\_  
Date