

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082035

Entity Name: GUTTER CHAVES JOSEPHER RUBIN FORMAN FLEISHER
MILLER P.A.**FILED**
Feb 27, 2016
Secretary of State
CC4695675030**Current Principal Place of Business:**2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431**Current Mailing Address:**2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431**FEI Number: 45-0485034****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**M & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431 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 RUBIN, CHARLES D
Address 2101 CORPORATE BLVD
City-State-Zip: BOCA RATON FL 33431Title DVP
Name JOSEPHER, RICHARD A
Address 2101 CORPORATE BLVD
City-State-Zip: BOCA RATON FL 33431Title DVP
Name FORMAN, PETER J
Address 2101 CORPORATE BLVD
City-State-Zip: BOCA RATON FL 33431Title DVST
Name CHAVES, ROBERT A
Address 2101 CORPORATE BLVD STE 107
City-State-Zip: BOCA RATON FL 33431Title DVP
Name FLEISHER, NORMAN
Address 2101 CORPORATE
City-State-Zip: BOCA RATON FL 33431Title DVP
Name MILLER, LAWRENCE
Address 2101 CORPORATE BLVD., SUITE 107
City-State-Zip: BOCA RATON FL 33431

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: CHARLES RUBIN**PRESIDENT****02/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date