

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013505

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC3267724456**

**Entity Name:** DIMOND KAPLAN & ROTHSTEIN, P.A.

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
PENTHOUSE 2B  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 S. BAYSHORE DRIVE  
PENTHOUSE 2B  
COCONUT GROVE, FL 33133

**FEI Number:** 51-0448550

**Certificate of Status Desired:** No

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

ROTHSTEIN, DAVID A  
2665 S. BAYSHORE DRIVE  
PENTHOUSE 2B  
COCONUT GROVE, FL 33133 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 DIMOND, SCOTT M  
Address 3734 JUSTISON ROAD  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name KAPLAN, JEFFREY B  
Address 400 CAMPANA AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title D  
Name ROTHSTEIN, DAVID A  
Address 6500 SW 123RD STREET  
City-State-Zip: MIAMI FL 33156

*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:** DAVID A ROTHSTEIN

D

03/18/2016

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

\_\_\_\_\_  
Date