

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000096232

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC1669945098**

**Entity Name:** MCCABE RABIN, P.A.

**Current Principal Place of Business:**

CENTURION TOWER  
1601 FORUM PLACE SUITE 505  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

CENTURION TOWER  
1601 FORUM PLACE SUITE 505  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 26-0797641

**Certificate of Status Desired:** No

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

RABIN, ADAM  
CENTURION TOWER  
1601 FORUM PLACE SUITE 505  
WEST PALM BEACH, FL 33401 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            MCCABE, RYON M  
Address        CENTURION TOWER  
                  1601 FORUM PLACE SUITE 505  
City-State-Zip: WEST PALM BEACH FL 33401

Title            D  
Name            RABIN, ADAM T  
Address        CENTURION TOWER  
                  1601 FORUM PLACE SUITE 505  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** ADAM RABIN

**JEN MCCABE,**  
**BOOKKEEPER FOR ADAM**

**01/27/2015**

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

\_\_\_\_\_  
Date