

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034222

**Entity Name:** MCPHILLIPS LAW FIRM, P.A.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD.  
#300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 143406  
CORAL GABLES, FL 33114 US

**FEI Number:** 26-4700677

**Certificate of Status Desired:** No

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

MCPHILLIPS, FRANK  
2525 PONCE DE LEON BLVD.  
#300  
CORAL GABLES, FL 33134 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 P, D  
Name MCPHILLIPS, FRANK  
Address 2525 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

*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:** FRANK MCPHILLIPS

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date