

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000037492

**Entity Name:** ROBERT FRACASSO, P.A.

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD.  
SUITE 4100  
MIAMI, FL 33131

**Current Mailing Address:**

200 S. BISCAYNE BLVD.  
SUITE 4100  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FRACASSO, ROBERT  
200 S. BISCAYNE BLVD.  
SUITE 4100  
MIAMI, FL 33131 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	Title	P/S
Name	FRACASSO, ROBERT	Name	FRACASSO, ROBERT
Address	200 S. BISCAYNE BLVD. SUITE 4100	Address	200 S. BISCAYNE BLVD. SUITE 4100
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** ROBERT FRACASSO

**PRESIDENT**

**02/27/2018**

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

\_\_\_\_\_  
Date