## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000098635

Entity Name: JUSTIN B. KAPLAN, P.A.

**Current Principal Place of Business:** 

% JUSTIN B. KAPLAN, P.A. 600 BRICKELL AVE., STE 1715 MIAMI, FL 33131

## **Current Mailing Address:**

% JUSTIN B. KAPLAN, P.A. 600 BRICKELL AVE., STE 1715 MIAMI, FL 33131

FEI Number: 47-2571005 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KAPLAN, JUSTIN B 600 BRICKELL AVE., STE 1715 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

FILED Apr 30, 2015

**Secretary of State** 

CC5526329733

## Officer/Director Detail:

Title DPS

Name KAPLAN, JUSTIN B

Address 600 BRICKELL AVENUE, STE 1715

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: JUSTIN B. KAPLAN

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/30/2015