

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000006482

**Entity Name:** ADAM M. PASTIS, P.A.

**Current Principal Place of Business:**

485 N. KELLER RD.  
SUITE 401  
MAITLAND, FL 32751

**FILED**  
**Jan 19, 2020**  
**Secretary of State**  
**1205039376CC**

**Current Mailing Address:**

485 N. KELLER RD.  
SUITE 401  
MAITLAND, FL 32751

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PASTIS, ADAM M  
485 N. KELLER RD.  
SUITE 401  
MAITLAND, FL 32751 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  
Name PASTIS, ADAM M  
Address 485 N. KELLER RD.  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name PASTIS, ADAM M  
Address 485 N. KELLER RD., SUITE 401  
City-State-Zip: MAITLAND FL 32751

Title S  
Name PASTIS, ADAM M  
Address 485 N. KELLER RD. SUITE 401  
City-State-Zip: MAITLAND FL 32751

*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 M PASTIS**

**PRESIDENT**

**01/19/2020**

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

\_\_\_\_\_  
Date