

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000008827

**Entity Name:** ROSEMARIE N. SCHADAE P.A.

**Current Principal Place of Business:**

201 S BISCAYNE BLVD  
1600  
MIAMI, FL 33131

**Current Mailing Address:**

201 S BISCAYNE BLVD  
1600  
MIAMI, FL 33131

**FEI Number:** 65-0567187

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD #1600  
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/P  
Name SCHADAE, ROSEMARIE N  
Address 201 S BISCAYNE BLVD #1601  
City-State-Zip: MIAMI FL 33131

Title D  
Name PERRONE, STEPHEN L  
Address 201 S BISCAYNE BLVD #1600  
City-State-Zip: MIAMI FL 33131

Title D  
Name GIBBONS, K  
Address 4745 LA GRANGE ROAD  
City-State-Zip: SHELBYVILLE KY 40065

Title VP/S  
Name NETTINA, RITA M  
Address 4900 VAN BUREN STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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:** ROSEMARIE N. SCHADAE

**PRESIDENT**

**04/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date