2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2014
Secretary of State
CC0774012029

DOCUMENT# P99000094313

Entity Name: AVAIRPROS MANAGEMENT, INC.

Current Principal Place of Business:

5551 RIDGEWOOD DR., STE 300
NAPLES, FL 34108

Current Mailing Address:

5551 RIDGEWOOD DR., STE 300
NAPLES, FL 34108

FEI Number: 59-3608123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROHM, PHILLIP A
5551 RIDGEWOOD DR., STE 300
NAPLES, FL 34108 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	CORPORATE SECRETARY
Name	MCCARTHY, KATE
Address	5551 RIDGEWOOD DR., STE 300
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR/CHIEF FINANCIAL OFFICER
Name	DEMKOVICH, PAUL B
Address	5551 RIDGEWOOD DR., STE 300
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR/CHAIRMAN AND CEO
Name	STROHM, PHILLIP A.
Address	5551 RIDGEWOOD DR., STE 300
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	CASTO, GREGORY A
Address	5551 RIDGEWOOD DR., STE 300
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR/EXECUTIVE VICE PRESIDENT OPERATIONS
Name	CHIVINGTON, STEVEN P
Address	5551 RIDGEWOOD DR., STE 300
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	BARBER, SHARYN
Address	5551 RIDGEWOOD DR., STE 300
City-State-Zip:	NAPLES FL 34108

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: KATE MCCARTHY — CORPORATE SECRETARY — 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date