

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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
Name CASTO, GREGORY A
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/EXECUTIVE VICE PRESIDENT OPERATIONS
Name CHIVINGTON, STEVEN P
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 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 SECRETAR 01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date