

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 494224

FILED
Mar 09, 2009
Secretary of State

Entity Name: ATLAS PEARLMAN, P.A.

Current Principal Place of Business:

350 E LAS OLAS BLVD
SUITE 1700
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

350 E LAS OLAS BLVD
SUITE 1700
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-1644712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROP, MICHAEL L.
350 E LAS OLAS BLVD STE 1700
STE 1700
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ATLAS, JAN,
Address: 350 E LAS OLAS BLVD STE 1700
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DVS () Delete
Name: TROP, MICHAEL
Address: 350 E LAS OLAS BLVD STE 1700
City-St-Zip: FT LAUDERDALE, FL 33301

Title: DVT () Delete
Name: PEARLMAN, CHARLES B,
Address: 350 E LAS OLAS BLVD STE 1700
City-St-Zip: FT LAUDERDALE, FL 33301

Title: V () Delete
Name: WURTENBERGER, KENNETH P
Address: 350 E. LAS OLAS BLVD, SUITE 1700
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: CAMPBELL, ROBIN C
Address: 350 E. LAS OLAS BLVD, SUITE 1700
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVT (X) Change () Addition
Name: PEARLMAN, CHARLES B,
Address: 9431 SEA TURTLE LANE
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL L. TROP

V

03/09/2009

Electronic Signature of Signing Officer or Director

Date