

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000522

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: MEYERS BROTHERS KALICKA PC

**Current Principal Place of Business:**

330 WHITNEY AVE.  
STE 800  
HOLYOKE, MA 01040

**New Principal Place of Business:**

**Current Mailing Address:**

330 WHITNEY AVE.  
STE 800  
HOLYOKE, MA 01040

**New Mailing Address:**

FEI Number: 04-2713795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEYERS, STUART D  
12491 VERANDAH BLVD.  
FT. MYERS, FL 33905 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: BARRETT, JAMES W  
Address: 330 WHITNEY AVE. STE 800  
City-St-Zip: HOLYOKE, MA 01040

Title: D  
Name: KALICKA, DAVID A  
Address: 330 WHITNEY AVE. STE 800  
City-St-Zip: HOLYOKE, MA 01040

Title: SD  
Name: CALNAN, JAMES B  
Address: 330 WHITNEY AVE. STE 800  
City-St-Zip: HOLYOKE, MA 01040

Title: T  
Name: D'AGOSTINO, RUDY M  
Address: 330 WHITNEY AVE. STE 800  
City-St-Zip: HOLYOKE, MA 01040

Title: D  
Name: HOUGHTON, KRISTINA D  
Address: 330 WHITNEY AVE. STE 800  
City-St-Zip: HOLYOKE, MA 01040

Title: D  
Name: CHASE, RICHARD M  
Address: 330 WHITNEY AVE. STE 800  
City-St-Zip: HOLYOKE, MA 01040

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: KRISTINA DRZAL HOUGHTON

D

01/04/2011

Electronic Signature of Signing Officer or Director

Date