

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86107

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** ALAN J. POLIN, P.A.

**Current Principal Place of Business:**

3300 UNIVERSITY DR  
SUITE 304  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

ONE LINCOLN PLACE, 1900 GLADES RD.  
SUITE 355  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

3300 UNIVERSITY DR  
SUITE 304  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

ONE LINCOLN PLACE, 1900 GLADES RD.  
SUITE 355  
BOCA RATON, FL 33431 US

**FEI Number:** 59-2382200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLIN, ALAN J.  
3300 UNIVERSITY DR  
SUITE 304  
CORAL SPRINGS, FL 33065 US

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

POLIN, ALAN J.  
ONE LINCOLN PLACE, 1900 GLADES RD.  
SUITE 304  
BOCA RATON, FL 33431 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

03/13/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** POLIN, ALAN J PRES.  
**Address:** ONE LINCOLN PLACE, 1900 GLADES RD., STE. 355  
**City-St-Zip:** BOCA RATON, FL 33431 US

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: ALAN J. POLIN, PRESIDENT/DIRECTOR

PRES

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date