

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98206

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** HAMEROFF & ASSOCIATES, INC.

**Current Principal Place of Business:**

13506 N. ROME AVE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 270127  
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number:** 59-2858460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STULL, R. JEFFREY  
602 SOUTH BLVD.  
TAMPA, FL 33606 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: D  
Name: HAMEROFF, ALVIN I.  
Address: 14223 CYPRESS CIR  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: TURNER, BONNIE HAMEROFF  
Address: 2113 W KYRA DR  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: TURNER, JAMES HILL  
Address: 2113 W KYRA DR  
City-St-Zip: TAMPA, FL 33612 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: AL HAMEROFF

DIR

03/02/2012

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

\_\_\_\_\_  
Date