

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55253

FILED
Feb 08, 2012
Secretary of State

Entity Name: WICKER, SMITH, O'HARA, MCCOY & FORD, P.A.

Current Principal Place of Business:

C/ O NICHOLAS E. CHRISTIN
2800 PONCE DE LEON BOULEVARD, SUITE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/ O NICHOLAS E. CHRISTIN
2800 PONCE DE LEON BOULEVARD, SUITE 800
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0089075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIN, NICHOLAS E
2800 PONCE DE LEON BOULEVARD
SUITE 800
MIAMI, FL 33134 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: O'HARA, DENNIS M
Address: 2800 PONCE DE LEON BOULEVARD, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: MCCOY, JACKSON F
Address: 2800 PONCE DE LEON BOULEVARD, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: FORD, RICHARDS H
Address: 2800 PONCE DE LEON BOULEVARD, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: CHRISTIN, NICHOLAS E
Address: 2800 PONCE DE LEON BOULEVARD, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

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: NICHOLAS E. CHRISTIN

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date