

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94575

FILED  
Sep 18, 2009  
Secretary of State

**Entity Name:** FLORIDA MEDIATION GROUP, INC.

**Current Principal Place of Business:**

44 W FLAGLER ST  
1900  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

44 W FLAGLER STREET  
1900  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 65-0124636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLSON, ALLENE D  
44 W. FLAGLER STREET  
1900  
MIAMI, FL 33130 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NICHOLSON, ALLEN D  
Address: 769 ALLENDALE ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VD ( ) Delete  
Name: DUVAUCHELLE, BARBARA  
Address: 44 W FLAGLER ST, 19TH FLOOR  
City-St-Zip: MIAMI, FL 33130 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NICHOLSON, ALLENE D  
Address: 769 ALLENDALE ROAD  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: ALLENE D. NICHOLSON

PD

09/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date