

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44264

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** HOLMES & SCLAR, P.A.

**Current Principal Place of Business:**

200 S BISCAYNE BLVD  
SUITE #3900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

7600 RED ROAD  
SUITE 101  
MIAMI, FL 33149 US

**Current Mailing Address:**

200 S BISCAYNE BLVD  
SUITE #3900  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 59-2749071      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AVERBACH, MARC H  
200 S BISCAYNE BLVD  
SUITE #3900  
MIAMI, FL 33131 US

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

AUERBACH, MARC H  
200 S BISCAYNE BLVD  
SUITE #3900  
MIAMI, FL 33131 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: MARC H. AUERBACH

03/23/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: HOLMES, STEVEN M.,  
Address: 7600 RED ROAD, SUITE 101  
City-St-Zip: MIAMI, FL 33143

Title: DST      ( ) Delete  
Name: SCLAR, ANTHONY  
Address: 7600 RED ROAD #101  
City-St-Zip: MIAMI, FL 33143

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY G. SCLAR, DMD

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date