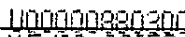


FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000055461		Apr 04, 2008 08:00 Secretary of State													
1. Entity Name ROBERT T. POLLAK, P.A.															
Principal Place of Business CASTLEWOOD AT IMPERIAL 1789 SUPREME COURT NAPLES, FL 34110		Mailing Address CASTLEWOOD AT IMPERIAL 1789 SUPREME COURT NAPLES, FL 34110													
DO NOT WRITE IN THIS SPACE		 03272008 No Chg-P CR2E034 (11/05)													
		<table border="1"><tr><td>4. FEI Number 20-0874714</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 20-0874714	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required									
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required															
5. Name and Address of Current Registered Agent SIESKY, JAMES H SIESKY, PILON & WOOD, 1000 TAMiami TRAIL N., SUITE 201 NAPLES, FL 34102		DO NOT WRITE IN THIS SPACE													
8. 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. I am familiar with, and accept the obligations of registered agent.															
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees													
10. OFFICERS AND DIRECTORS		 04/15/08-80056-013 150.00													
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D POLLAK, ROBERT T CASTLEWOOD AT IMPERIAL, 1789 SUPREME CT NAPLES, FL 34110</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D POLLAK, BARBARA A CASTLEWOOD AT IMPERIAL, 1789 SUPREME CT NAPLES, FL 34110</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLLAK, ROBERT T CASTLEWOOD AT IMPERIAL, 1789 SUPREME CT NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLLAK, BARBARA A CASTLEWOOD AT IMPERIAL, 1789 SUPREME CT NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.															
SIGNATURE:  4-1-08 239-598-4755		DATE Daytime Phone #													