

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
Jun 09, 2010
Secretary of State

Entity Name: THOMAS K. EQUELS, P.A.

Current Principal Place of Business:

2601 S BAYSHORE DR STE 600
MIAMI, FL 331335432 US

New Principal Place of Business:

Current Mailing Address:

2601 S BAYSHORE DR STE 600
MIAMI, FL 331335432 US

New Mailing Address:

FEI Number: 30-0262769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EQUELS, THOMAS K ESQ.
2601 S BAYSHORE DR STE 600
MIAMI, FL 331335432 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: PD
Name: EQUELS, THOMAS K ESQ.
Address: 2601 S BAYSHORE DR STE 600
City-St-Zip: MIAMI, FL 331335432 US

Title: D
Name: FABAR, LAURA M
Address: 2601 S BAYSHORE DR STE 600
City-St-Zip: MIAMI, FL 331335432 US

Title: D
Name: ORRICK, JUDSON H
Address: 660 EAST JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 323012547 US

Title: D
Name: CHAPMAN, JAMES S
Address: 660 EAST JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 323012547

Title: D
Name: MARTIN, DEBORAH M
Address: 2601 S BAYSHORE DR STE 600
City-St-Zip: MIAMI, FL 331335432 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: THOMAS K. EQUELS

PD

06/09/2010

Electronic Signature of Signing Officer or Director

Date