

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157569

Entity Name: MITCHELL BIERMAN, P.A.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD  
SUITE 700  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BLVD  
SUITE 700  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-8133778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BIERMAN, MITCHELL ESQ  
2525 PONCE DE LEON BLVD.  
SUITE 700  
CORAL GABLES, 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: PSD  
Name: BIERMAN, MITCHELL A  
Address: 2525 PONCE DE LEON BOULEVARD, SUITE 700  
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: MITCHELL A. BIERMAN

OWNE

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date