

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067132

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** SPECIALIST ACCOUNTANTS, INC.

**Current Principal Place of Business:**

6820 ST. AUGUSTINE RD., #104  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6820 ST. AUGUSTINE RD., #104  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 27-0728743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOCHMAN, NORI  
6820 ST. AUGUSTINE RD., #104  
JACKSONVILLE, FL 32217 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: P  
Name: HOCHMAN, NORI  
Address: 6580 ST. AUGUSTINE RD., #104  
City-St-Zip: JACKSONVILLE, FL 32217

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: NORI HOCHMAN

PRES

03/12/2012

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

\_\_\_\_\_ Date