

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000042437

Entity Name: ADAMS GALLINAR, P.A.

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

**Current Principal Place of Business:**

1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BRICKELL AVENUE  
SUITE 300  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0671398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVENUE, SUITE 300  
MIAMI, FL 33131 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: PTSD  
Name: ADAMS, ROBERT R  
Address: 1000 BRICKELL AVENUE, STE 300  
City-St-Zip: MIAMI, FL 33131

Title: PTSD  
Name: GALLINAR, MICHAEL D  
Address: 1000 BRICKELL AVENUE, STE. 300  
City-St-Zip: MIAMI, FL 33131

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: ROBERT R. ADAMS

PTSD

04/10/2012

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

\_\_\_\_\_  
Date