

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02289

FILED
Feb 16, 2011
Secretary of State

Entity Name: GLICKSTEIN LAVAL CARRIS, P.A.

Current Principal Place of Business:

555 WINDERLEY PLACE
STE. 400
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

555 WINDERLEY PLACE
STE. 400
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3094260 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTIN R. GLICKSTEIN
555 WINDERLEY PLACE
SUITE 400
MAITLAND, FL 32751 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: ORNSTEIN, RICHARD M
Address: 555 WINDERLEY PLACE, STE. 400
City-St-Zip: MAITLAND, FL 32751

Title: SD
Name: GLICKSTEIN, MARTIN R
Address: 555 WINDERLEY PLACE, STE. 400
City-St-Zip: MAITLAND, FL 32751 US

Title: TD
Name: CARRIS, W. NEAL
Address: 555 WINDERLEY PLACE, STE. 400
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: DANTUMA, MARY C
Address: 555 WINDERLEY PLACE, STE. 400
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: HAMLIN, J. RUSSELL
Address: 555 WINDERLEY PLACE, STE. 400
City-St-Zip: MAITLAND, FL 32751

Title: VPD
Name: LUSBY, BETHANY K
Address: 555 WINDERLEY PLACE, STE. 400
City-St-Zip: MAITLAND, FL 32751

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: MARTIN R. GLICKSTEIN

SD

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date