

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50473

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** ASSOCIATION OF SOUTH FLORIDA MEDIATORS & ARBITRATORS, INC.

**Current Principal Place of Business:**

C/O JEROME R. SIEGEL,P.A.  
6400 N. ANDREWS AVE., STE 505  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JEROME R. SIEGEL,P.A.  
6400 N. ANDREWS AVE., STE 505  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 65-0355827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FISCHLER, MICHAEL A.  
1000 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316      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:            PRE  
Name:            JULIA-MILES, ISABEL  
Address:        370 W. CAMINO GARDENS BLVD., STE300  
City-St-Zip:    BOCA RATON, FL 33432

Title:            TD  
Name:            SIEGEL, JEROME R  
Address:        6400 N. ANDREWS AVE., STE. 460  
City-St-Zip:    FORT LAUDERDALE, FL 33309

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEROME R SIEGEL

TRS

01/23/2012

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

\_\_\_\_\_  
Date