

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001362

Entity Name: PROFESSIONAL MEDIATION INSTITUTE, INC.**Current Principal Place of Business:**2846 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308**Current Mailing Address:**2846 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE, FL 32308 US**FEI Number:** 45-4909088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAW, ROBIN CARAL
5800 CAMINO DEL SOL
SUITE 204
BOCA RATON, FL 33433 US*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:** ROBIN CARAL SHAW

02/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SUSKIN, STUART
Address 5200 NW 43RD STREET
SUITE 102-124
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name DIETZ, ROBERT L
Address 1627 US-1
SUITE 115
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name MENDEZ, CELIA
Address 202 LOOKOUT PLACE
City-State-Zip: MAITLAND FL 32751

Title CHAIRMAN
Name SHAW, ROBIN C
Address 5800 CAMINO DEL SOL
SUITE 204
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name GLICK, TOM
Address 4500 BISCAYNE BOULEVARD
SUITE 320
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name BROOKS, JOHN
Address 444 SEABREEZE BOULEVARD
SUITE 450
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR
Name ROSS, ADAM
Address HEADWAY OFFICE PARK, BUILDING 1
SUITE 320
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR
Name SHORE, ROSANNE
Address 4500 BISCAYNE BOULEVARD
SUITE 320
City-State-Zip: MIAMI FL 33137

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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: ROBIN C. SHAW

CHAIRMAN

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WILLIAMS, STUART P
Address	218 ANNIE STREET
City-State-Zip:	ORLANDO FL 32806