

**2014 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: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIETZ, ROBERT  
2014 EDGEWATER DRIVE  
SUITE 222  
ORLANDO, FL 32804 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title D  
Name ROULHAC, JULIET M  
Address PO BOX 29100  
City-State-Zip: MIAMI FL 33102-9100Title D  
Name HARTER, CHRISTINE  
Address PO BOX 1779  
City-State-Zip: OCALA FL 34478-1779Title DP  
Name DIETZ, ROBERT L  
Address 2014 EDGEWATER DRIVE  
SUITE 222  
City-State-Zip: ORLANDO FL 32804Title D  
Name SCHICKEL, JAKE  
Address PO BOX 1860  
City-State-Zip: JACKSONVILLE FL 32201-1860Title D  
Name SUSKIN, STUART  
Address 1900 SW 34TH ST STE 202  
City-State-Zip: GAINESVILLE FL 32608-1202Title DV  
Name LANGHAM, DAVID  
Address 700 SOUTH PALAFOX ST STE 305  
City-State-Zip: PENSACOLA FL 32502-5958

*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: ROBERT L. DIETZ****DIRECTOR****01/13/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date