

**2015 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 DIRECTOR  
Name SCHICKEL, JAKE  
Address PO BOX 1860  
City-State-Zip: JACKSONVILLE FL 32201-1860

Title DIRECTOR  
Name HARTER, CHRISTINE  
Address PO BOX 1779  
City-State-Zip: OCALA FL 34478-1779

Title DIRECTOR  
Name SUSKIN, STUART  
Address 1900 SW 34TH ST STE 202  
City-State-Zip: GAINESVILLE FL 32608-1202

Title DIRECTOR  
Name DIETZ, ROBERT L  
Address 2014 EDGEWATER DRIVE  
SUITE 222  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name LANGHAM, DAVID  
Address 700 SOUTH PALAFOX ST STE 305  
City-State-Zip: PENSACOLA FL 32502-5958

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

Title SECRETARY  
Name LANGER, LAWRENCE  
Address 11853 DUNBAR COURT  
City-State-Zip: WEST PALM BEACH FL 33412

Title DIRECTOR  
Name KIM, ANNA M  
Address 400 WEST ROBINSON STREET, STE.  
608N  
City-State-Zip: ORLANDO FL 32801

**Continues on page 2**

*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****PRESIDENT****01/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ORFINGER, MICHAEL
Address	1060 MAITLAND CENTER COMMONS, STE. 440
City-State-Zip:	MAITLAND FL 32751